DEPARTMENT OF SOCIAL SERVICES
744 P Street, M.S. 19-96, Sacramento, California 95814

May 30, 2006

ALL-COUNTY LETTER NO: 06-13

TO: ALL-COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

SUBJECT: CHANGES TO CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM TO ENSURE MEDI-CAL SHARE OF COST COMPLIANCE AS THEY RELATE TO THE IN-HOME SUPPORTIVE SERVICES PLUS WAIVER PROGRAM, THE PERSONAL CARE SERVICES PROGRAM, AND THE IN-HOME SUPPORTIVE SERVICES-RESIDUAL PROGRAM

REFERENCE: ALL-COUNTY LETTER NO: 05-05, INSTRUCTIONS FOR INTERIM IMPLEMENTATION FOR THE IN-HOME SUPPORTIVE SERVICES PLUS WAIVER PROGRAM;

ALL-COUNTY WELFARE DIRECTORS LETTER NO: 05-21, THE IN-HOME SUPPORTIVE SERVICES INDEPENDENCE PLUS 1115 DEMONSTRATION PROJECT IMPLEMENTATION AND CHANGES TO PROCESSING IN-HOME SUPPORTIVE SERVICES CASES;

ERRATA TO ALL-COUNTY LETTER NO: 05-05, CLARIFICATION AND CORRECTION TO ALL-COUNTY LETTER NO: 05-05 INSTRUCTIONS FOR INTERIM IMPLEMENTATION FOR THE IN-HOME SUPPORTIVE SERVICES PLUS WAIVER PROGRAM

This All-County Letter (ACL) provides counties with information about changes to the Case Management, Information, and Payrolling System (CMIPS) to ensure Medi-Cal share-of-cost compliance as they relate to the In-Home Supportive Services Plus Waiver Program (IPW), the Personal Care Services Program (PCSP) and the In-Home Supportive Services-Residual (IHSS-R) Program. This ACL contains information from both programmatic and technical perspectives organized in order of the three phases of CMIPS implementation.

Due to the length and scope of material in this ACL, and to assist counties in locating information on specific topics, we have included a Table of Contents which begins on the next page.

Table of Contents

1. PROGRAM BACKGROUND

In response to the Fiscal Year 2004-05 California State Budget proposal to eliminate the IHSS-R Program, the California Department of Health Services (CDHS) and Department of Social Services (CDSS) submitted a §1115 Demonstration Waiver application to the United States Department of Health and Human Services, Centers for Medicaid & Medicare Services (CMS). CMS approved the application in August 2004. As a result, the IPW, along with the existing PCSP, allows California to continue to provide IHSS as a Medi-Cal benefit to aged, blind and disabled individuals enabling them to remain safely in their own homes.

The IHSS-R Program still exists for all IHSS recipients who are not eligible for federal financial participation (FFP) under Medi-Cal. Cases not eligible for FFP, but still eligible to receive IHSS, will continue to be funded by the State and county and will continue to be operated under the Manual of Policies and Procedures (MPP) Division 30-700 Regulations.

Because the IPW and PCSP are Medi-Cal benefits, CDSS must make programmatic and CMIPS changes to remain in compliance with federal Medicaid rules. For example, effective June 1, 2006, CMIPS will have the capacity to act as a Medi-Cal Point of Service (POS) device, allowing recipients to use the Share of Cost (SOC) they pay to their IHSS provider to "Spenddown" their Medi-Cal SOC. This Letter explains the POS (Phases 1, 2 and 3) modifications and how they affect counties, recipients and providers.

2. PHASED IMPLEMENTATION

Due to the magnitude and complexity of programmatic and technical challenges, changes have been implemented in three phases. Phases will be added to make any necessary additions or modifications. Samples of all new reports are attached to this ACL.

Phase 1 (November 2005)

- The daily CMIPS/Medi-Cal Eligibility Data System (MEDS) interface was enhanced to send all IHSS case data to MEDS for all counties.

- CMIPS initiated the preliminary SOC comparison and Buy-Out process.

The SOC Exceptions Report was developed to identify IHSS recipient cases where eligibility or SOC discrepancies existed between CMIPS and MEDS data.

Several new reports were added:

- Daily Medi-Cal Eligibility Exception Report
- Monthly Outstanding Cases
- Monthly Outstanding Cases-State Summary

Phase 2 (February 2006)

- Changes to the CMIPS recipient and provider records included modifications to some of the screen displays.
- The Medi-Cal Eligibility Look-up (MELG) screen was created.
- Several Notices of Action (NOA) messages were added, deleted or modified.
- County Download was modified.
- Several new reports were added:
  - Weekly Statutory Max Report
  - Modified Daily Medi-Cal Eligibility Exception Report
  - Modified Monthly Outstanding Cases
  - Modified Monthly Outstanding Cases-State Summary

Phase 3 (June 2006)

- Complete POS capability affecting only IPW and PCSP recipients with a SOC.
- CMIPS will compare the IHSS SOC against the Medi-Cal SOC and apply the lower SOC to eligible recipient cases.
- Reconciliation of Advance Payments Report was created.
- Two new reports will be added:
  - Reconciliation of Advance Payments Report
  - Modified Share-of-Cost Exception Report

3. PHASE 1 (NOVEMBER 2005)

Phase 1 was directed at verifying the individual's Medi-Cal eligibility and obtaining their Medi-Cal SOC information by enhancing the daily CMIPS-MEDS interface to send all IHSS case data to MEDS. MEDS will return a Daily Response File indicating the IHSS recipient's Medi-Cal eligibility information and their Medi-Cal SOC if applicable.

3.1 SOC Comparison and Buy-Out

With the Phase 1 implementation, CMIPS began doing a comparison between the Medi-Cal SOC and the IHSS SOC. MEDS provides a Monthly IHSS Renewal File containing IHSS recipient Medi-Cal eligibility information for the upcoming month, including FFP status and the Medi-Cal SOC. CMIPS compares the Medi-Cal SOC with the IHSS SOC. The recipients who are eligible for the SOC comparison are responsible for the lower of the two. To be eligible for the SOC comparison, the recipient must be eligible for full FFP Medi-Cal and "otherwise" eligible for the IHSS-R program. CDSS will pay Medi-Cal Recognized Expenses (MRE) equal to the difference between the two shares of cost. For descriptive purposes we call this amount the "Buy-Out". For example, if the Medi-Cal SOC is $500, and the IHSS SOC is $300, the Buy-Out amount would be the difference between the two, $200. This means the recipient is responsible for the $300 IHSS SOC. Once the recipient incurs the remaining $300, the case is "certified" eligible for Medi-Cal purposes.

It is important to remember that CMIPS **does not calculate** the Medi-Cal SOC; this amount is **received from MEDS**. The Medi-Cal Eligibility Worker is responsible for entering the correct Medi-Cal SOC into MEDS. CMIPS will continue to calculate the IHSS SOC using information entered by the IHSS county staff.

The Buy-Out is processed once a month. Retrospective Buy-Out processing will not occur. This means that once the monthly Buy-Out has processed, no additional Buy-Out processing will occur for the current month or any prior months. Recipients whose cases were not part of the monthly Buy-Out will be responsible for paying their entire Medi-Cal SOC. They can take receipts into their County Medi-Cal Office and have their Medi-Cal Eligibility Worker apply them to their Medi-Cal SOC amount. This includes any SOC amount they have paid to their IHSS provider.

3.2 Share-of-Cost Exceptions Report

The SOC Exceptions Report was developed as part of the IPW implementation to identify IHSS Recipient cases where eligibility or SOC discrepancies exist between CMIPS and MEDS data. This is a cumulative report, but lists only cases meeting report

criteria since the last SOC Exception Report was produced. The following discrepancies may appear on the report:

- MEDS CIN Does Not Match IHSS CIN
- MEDS SSN Does Not Match IHSS SSN
- MEDS County Does Not Match IHSS County
- Medi-Cal SOC, But IHSS Case Not 18, 28, or 68
- IHSS SOC Greater than MEDS SOC
- IHSS SOC Update Required

See CMIPS 2000 User's Manual, Section XIV-ee, Share-of-Cost Exception Report for additional information on this report.

4. PHASE 2 (FEBRUARY 27, 2006)

Phase 2 focused primarily on changes in CMIPS to recipient and provider records. These changes included modifications to some of the screen displays and changes to the information printed on the SOC 293. Several Notice of Action (NOA) messages were added, deleted or modified. The Monthly County Download was also modified, and several new reports were added. A new screen called the Medi-Cal Eligibility Look-up (MELG) was activated. Corresponding changes have been made to the IHSS Assessment Form (SOC 293).

4.1 CMIPS System Changes

4.1.1 RELA Screen

Field A2 (IHSS Aid Code)

The RELA Aid Code field (A2) was modified to allow only Aid Codes 10, 20, 60, 18, 28, and 68. This is still a required field and is used for IHSS tracking purposes only. IHSS recipient cases which are Supplemental Security Income/State Supplementary Payment (SSI/SSP) (Status Eligible) should be entered using Aid Codes 10, 20, or 60. All other recipient cases (Non-Status Eligible) should use Aid Codes 18, 28, or 68.

Field F2 (Medi-Cal Primary and Secondary Aid Codes)

The F2 field has been modified to display both the Medi-Cal Primary and Secondary Aid Codes. The Primary Aid Code field is populated with the Primary Medi-Cal Aid Code received from MEDS. The Medi-Cal Secondary Aid Code is system generated by CMIPS based upon the FFP eligibility indicator from MEDS and other recipient and

provider case information. The Medi-Cal Secondary Aid Code identifies the funding source for the IHSS case. Neither of these fields allows data entry. The new Secondary Aid Codes are:

- 2L-IPW-Full FFP Medi-Cal Eligible and any one or all of the following apply:
  - Advance Pay
  - Restaurant Meal Allowance
  - A Recipient under the age of 18 with a Parent provider
  - A Recipient with a Spouse
- 2M-PCSP-Full FFP Medi-Cal Eligible and:
  - No Advance Pay
  - No Restaurant Meal Allowance
  - No Spouse provider or Parent provider for a recipient under the age of 18

  PCSP services now include Protective Supervision and cases that receive Domestic and Related Service Only.
- 2N-IHSS-R-Not Full FFP Medi-Cal Eligible
  - Meet MPP Division 30-700 eligibility regulations

Counties should be aware that the Primary and Secondary Aid Code fields are updated whenever a change occurs in CMIPS or MEDS that affects either of these fields. For example, if the MEDS IHSS Daily Response File indicates a different Medi-Cal Primary Aid Code for the current eligibility month, CMIPS will update the Primary Aid Code Field.

If a change in the FFP eligibility (shown on the MELG screen) occurs, the Medi-Cal Secondary Aid Code field will be updated. However, be aware that while the RELA screen will display the current Medi-Cal Secondary Aid Code, this may not be the Aid Code associated with any payments made prior to the Medi-Cal Secondary Aid Code change. This is of particular importance when a case moves from either PCSP (2M) or IPW (2L) to IHSS-R (2N), or conversely from 2N to either 2L or 2M.

Counties should also be aware that while a Medi-Cal Aid Code may indicate its eligibility for FFP claiming, it does not necessarily correlate with the recipient's eligibility for full FFP claiming. For example, a recipient may have a Primary Aid Code of 1H which is eligible for FFP claiming, but still be coded an "N" for FFP on the MELG screen because the recipient himself has not met all the eligibility requirements for full FFP claiming for all Medi-Cal services. These cases will be coded 2N (IHSS-R) on the RELA screen. For further information regarding Medi-Cal FFP eligibility, please consult with your Medi-Cal Eligibility Worker.

4.1.2 RELB Screen

Fields I1 (SOC Date and SOC IND)

With the Phase 2 implementation, CMIPS no longer allows the entry of an "M" in the SOC Indicator field. Additionally, CMIPS now requires a current SOC date be placed in the Share-of-Cost Date field. For example, an attempt to update case information based on a home visit without updating the SOC date after a Cost-of-Living-Adjustment will get the "SOC DATE NOT CURRENT" edit. The SOC Date must be updated before the system will allow keying to continue.

Field K3 (SHARE-OF-COST)

The K3 field now displays both the CMIPS calculated IHSS-R SOC and the Medi-Cal SOC received from MEDS. Both fields are system-populated.

4.1.3 Medi-Cal Eligibility Look-Up Screen (MELG)

The Medi-Cal Eligibility Look-up screen (MELG) was designed to give counties the ability to view Medi-Cal eligibility information received from MEDS that is associated with a specific recipient case for a Medi-Cal eligibility month. This screen displays the most recent data received from MEDS including information updated by the IHSS Daily Response File. Up to 13 months of data may be displayed. The MELG screen does not store a history of changes as they occur. MELG also does not provide any eligibility information on providers.

A sample of this report is attached to this ACL. See the CMIPS 2000 User's Manual, Section IV-D, Medi-Cal Eligibility Look-Up Screen, for additional information.

4.2 New Reports

Along with the program changes, several new reports were developed to assist counties in administering these programs. All reports are available through the CMIPS Online Reports website. For counties not accessing the website, reports will be automatically mailed.

4.2.1 Daily Medi-Cal Eligibility Exception Report

When CMIPS processes the MEDS IHSS Daily Response File, a Daily Medi-Cal Eligibility Exception Report is produced and is available to counties through the CMIPS Online Reports website. The purpose of this report is to alert counties to the following two conditions:

4.2.1.1 Eligibility Denied

These cases appear on the Daily Medi-Cal Eligibility Exception Report for new applicants who have been determined ineligible for Medi-Cal. These applicants must be evaluated for IHSS-R eligibility and approved or denied accordingly. This report will be modified at a later date to include the MEDS denial code.

4.2.1.2 Date of Birth (DOB) does not match MEDS

Cases are sent to the Medi-Cal Eligibility Exception report when the DOB on CMIPS and MEDS do not match. The report displays both the DOB from MEDS and the DOB from CMIPS. County IHSS and Medi-Cal staff will need to verify the correct DOB and update the appropriate system.

4.2.2 Monthly Outstanding Case Report

This report is generated monthly to remind counties of any cases with exceptions that remain unresolved from the Daily Medi-Cal Eligibility Exception Report. This report is available to the counties with the other CMIPS Online Reports or mailed to counties without Online Report access. This report is produced monthly after the Monthly MEDS IHSS Renewal File is processed. See the CMIPS 2000 Users Manual, Section VIV-dd, Monthly Outstanding Case Report, for more information. The following types of cases will be identified:

4.2.2.1 Medi-Cal Eligibility Terminated

Displays IHSS cases which MEDS identifies as not eligible for Medi-Cal. When an IHSS recipient is no longer eligible for Medi-Cal, CMIPS will update the Medi-Cal Secondary Aid Code on the RELA to 2N–IHSS-R. At this time, the social worker should approve or deny the IHSS-R case based on the outcome of the eligibility determination. These cases will be paid from IHSS-R funds until IHSS-R eligibility for the case is determined. This report will be modified at a later date to include the MEDS termination code.

4.2.2.2 Recipient Admitted to Long-Term Care and IHSS Case Not in L Status

Cases appear in this category when the MEDS Eligibility Status or Primary Aid Code indicates the recipient is residing in a Long-Term Care (LTC) facility and CMIPS does not show the IHSS case in “L” (Leave) or “T” (Terminated) status. For these cases, the social worker needs to determine the date of admission to a facility. If it appears the recipient will return home, the IHSS case should be placed in “L”

status, otherwise the case should be terminated. Either status change will require an IHSS Notice of Action (NOA) be sent to the recipient.

4.2.2.3 Medi-Cal Eligibility Denied

Same criteria as in the Daily Medi-Cal Eligibility Exception Report. (See paragraph 4.2.1.1 above.)

4.2.2.4 Recipient DOB Does Not Match MEDS

Same criteria as in the Daily Medi-Cal Eligibility Exception Report. (See paragraph 4.2.1.2 above.)

4.2.2.5 IHSS-R Case with IHSS SOC Greater than Need

Cases in this category have had a change in their Medi-Cal Secondary Aid Code from 2L (IPW) or 2M (PCSP) to 2N (IHSS-R) and their IHSS-R SOC is greater than the value of their service need. Since cases with a Medi-Cal Secondary Aid Code of 2N cannot have a SOC greater than the value of their service need, these recipient cases must be terminated from IHSS-R.

4.2.3 Weekly Statutory Max Report

This report displays cases that need adjustments to the Authorization to Purchase Hours because the case exceeds the Statutory Maximum hours allowed. This Report is produced at the end of each week and identifies cases which have not had appropriate action taken to allocate the correct Statutory Maximum hours to a recipient case.

Cases that appear on this Report may have produced a CMIPS system edit, but the issue which produced the system edit has not yet been resolved. Until the appropriate action is taken to bring the recipient case into compliance with the Statutory Maximum, CMIPS will not allow payment for the time period affected. The social worker will need to take the appropriate action to adjust the authorized hours. A system generated NOA will be produced to notify the recipient of the action.

This does not mean that a provider cannot be paid during the notification period. After the case hours are adjusted within allowable Statutory Maximum program parameters, CMIPS will allow payment of the timesheet up to the Statutory Maximum hours. Any remaining hours may be keyed through a new SPEC transaction specifically developed to pay providers for hours worked above the Statutory Maximum. The W/X 25 SPEC transaction will allow payment for hours worked in excess of the Statutory Max up to 283 until the recipient receives a timely IHSS NOA or as Aid Paid Pending hours worked during adjudication of a State Hearing Request. Remember, before the SPEC transaction can be used, 195 hours must be paid through the TIME screen. It is up to

the county Eligibility/Social Worker to determine recipient eligibility and their assessed needs and “work” the case accordingly.

4.3 Changes in County Process

4.3.1 IHSS Aid Code Usage

The following chart will assist counties in appropriately assigning IHSS Tracking Aid Codes in Field A-2 based upon the use of only 10, 20 or 60 for SSI/SSP Status Eligible IHSS recipients, or 18, 28 or 68 for Non-Status Eligible IHSS recipients. Remember these Aid Codes are for IHSS tracking purposes only. CMIPS sends the Medi-Cal Secondary Aid Code to MEDS to identify a case as belonging to the IHSS caseload. The Secondary Aid Code is displayed in Field F-2. The following chart represents the most commonly used aid codes for in-home services cases; however, this is not an exhaustive list and other Medi-Cal Aid Codes may also apply:

If the Current Code is	**Assign Aid Code**
10	10
20	20
60	60
14, 16, 1H, 1E	18
6A, 24, 26	28
03, 3N, 6C, 6E, 6H, 6V, 6W, 7A, 30, 35, 36, 44, 47, 48, 49, 64, 66, 72	68

4.3.2 Entering New Cases in "R" Status

Counties should be adding all new IHSS cases to CMIPS in R-Report Status when an IHSS application is received and keyed into CMIPS. Since the implementation of Phase 2 of the IPW (February 27, 2006), CMIPS assigns the Medi-Cal Secondary Aid Code (IHSS Funding Source) based upon Medi-Cal eligibility and other factors that are used to determine for which program the recipient is eligible. The correct funding source is critical to the proper processing of the SOC "Buy-Out" and "Spenddown". To obtain this information from the MEDS system, it is first necessary that both systems be able to identify the same case. By entering all cases in "R" status, CMIPS sends IHSS case information to MEDS and in turn receives the current Medi-Cal eligibility and Medi-Cal SOC information. Until MEDS eligibility information is received, all IHSS cases are assigned to the IHSS-R program. When MEDS eligibility information is returned, CMIPS will determine the IHSS funding source based upon recipient and provider case information associated to specific eligibility months. It is necessary to place cases at least temporarily in IHSS-R to allow, if necessary, provider payment. Because the IPW, like the PCSP, is subject to Medi-Cal rules, correctly identifying the proper funding source for cases is critical to the counties and State for obtaining the maximum benefit from full FFP.

Medi-Cal rules do not allow cases to be entered into the full FFP Medi-Cal funding stream until eligibility has been determined. Again, this means all cases not already determined eligible will be placed in the IHSS-R Program until that determination is completed. Due to the short implementation timeframe and the complexity of federal reporting requirements, adjustments to the funding source will not be allowed. It is important for these reasons that all cases be entered in the "R" status so that funding can be determined at the earliest possible date to avoid excess expense to the State and county for cases remaining in the IHSS-R program longer than necessary.

If a county has reason to believe the applicant may be on MEDS with a pseudo SSN, even though the applicant has provided IHSS staff with a real SSN, it will be advantageous to the IHSS social worker to check with the Medi-Cal eligibility worker to apply the real SSN before beginning CMIPS "R" status data entry. If the MEDS record has a pseudo SSN, the records will not match and will be written to an exception report. Additionally, the "R" status case could be added to MEDS creating a duplicate record.

The following fields are required when entering an IHSS case in "R" status:

- Client Index Number (CIN)
- Social Security Number (SSN) (Counties should not use any pseudo SSN because CMIPS and MEDS will not be able use them to match data during the systems' interface.)
- Applicant's Name (Last Name, First Name, Middle Initial)
- Applicant's Date of Birth (DOB)
- Applicant's Gender
- Resident Address (Street, City, State, ZIP Code)
- Status = R
- Referral Source

4.3.3 Add IHSS Recipient Cases Using CINV Screen:

If the CIN and SSN in CMIPS and MEDS do not match, the IHSS IPW/PCSP case information is not entered into MEDS and, therefore, no MEDS eligibility is returned to CMIPS to allow the assignment of the appropriate Medi-Cal Secondary Aid Code (IHSS funding source). To ensure that these data elements match, counties knowing the IHSS recipient's CIN should be entering cases into CMIPS using the CINV screen. When cases are added using this process, the CIN, SSN, recipient name and DOB are pulled from the Statewide Client Index (SCI) into CMIPS. Therefore, since MEDS also interfaces with SCI, the data pulled into the CMIPS record should be the same data as in MEDS. For detailed instructions for CINV processing, see instructions in the CMIPS 2000 User's Manual, IHSS Assessment, SOC 293, Section V-B, Special Instructions, Section XVI.

4.3.4 Forcing a 2N When Contact Between CMIPS and MEDS Fails

In some circumstances, the initial contact between CMIPS and MEDS fails to establish communication between the two systems or communication between the systems for a specific case breakdown. For the systems to exchange data, this communication link must be established. Therefore, MEDS has been modified to allow entry of the 2N Secondary Aid Code when communication between MEDS and CMIPS has been unsuccessful. This is the only code that can be entered manually for this purpose and can only be used once. County IHSS staff who need assistance with how to complete this entry should contact their Medi-Cal eligibility worker or the CDHS Payment Systems Division, Systems Support Unit, at (916) 464-2120.

5. PHASE 3 (JUNE 1, 2006)

5.1 Recipient and Provider Notices

In May 2006, CDSS will send all IHSS recipients with a SOC, and all IHSS providers who provide services to recipients with a SOC, a notice explaining the upcoming changes to their Medi-Cal benefits.

5.1.1 Recipient Notice

The Recipient notice will explain the following:

- How a recipient can pay their SOC,
- How their SOC will "Spenddown" throughout the month, and
- The new process of paying any remaining SOC to their provider.

Also included in the notice is information regarding the Explanation of the IHSS SOC letter recipients will receive upon submission of their provider(s) timesheets.

See a copy of the Recipient Notice in the Attachment Section.

5.1.2 Provider Notice

The Provider Notice will explain how a provider will receive their pay from their recipient. The letter will also include:

- An explanation of what a SOC is,
- What changes they will see,
- How the changes will affect the providers,
- When the new process begins,
- How the providers will know how much money to collect from their employer, and
- What happens if they are not their employer's only provider.

See a copy of the Provider Notice in the Attachment Section.

5.2 Spenddown

Any Medi-Cal SOC remaining after Buy-Out is subject to Medi-Cal Spenddown rules like any other MRE. As such, the recipient must "Spenddown" their entire Medi-Cal SOC each month before Medi-Cal will pay the remainder of recognized Medi-Cal covered services for the month. This means that CMIPS will no longer automatically deduct the IHSS SOC from the provider's wages. From the time Phase 3 is implemented, IPW/PCSP recipients will be able to meet SOC either via IHSS payment to their provider or by obligation to pay for other medically necessary expenses. This Spenddown will occur through a Point of Service (POS) transaction. For example, when a recipient goes to the pharmacy, doctor or other Medi-Cal provider and has a Medi-Cal SOC that he applies to his medication or services, the Medi-Cal provider enters the amount the recipient has obligated to pay into the POS and "spends down" the recipient's SOC. An ongoing balance of each recipient's SOC case is retained in MEDS until the Medi-Cal SOC is fully obligated and the recipient's SOC case is "certified." A recipient's SOC case is "certified" when they have fulfilled their SOC obligation for the month. After a recipient's SOC is certified, remaining Medi-Cal covered services are paid by Medi-Cal.

Unlike other Medi-Cal POS transactions, CMIPS does not interface directly with MEDS through an electronic device that reads the recipient's Medi-Cal Beneficiary Identification Card (BIC) and completes the transaction directly through MEDS at that time. Instead, when a timesheet is keyed, CMIPS will make a real-time "virtual swipe" of the BIC based on CMIPS data to identify and incur (or "Spenddown") any remaining SOC up to the dollar value of the timesheet. CMIPS will deduct the incurred Spenddown amount from the provider's payroll warrant amount and issue any remaining wages to the provider just as it does with SOC today.

Concomitantly, two letters will be generated by CMIPS; one to the recipient advising them of the amount they should pay their provider and one to the provider advising them of the amount they should collect from the recipient. These are called Explanation of IHSS SOC letters. Samples of these letters are attached to this ACL. These letters will be mailed by the CMIPS contractor the same day the payroll tape is delivered to the State Controller's Office for processing. Undeliverable Explanation of IHSS SOC letters will be returned to the county district office and social worker responsible for the IHSS case.

This interface with MEDS and potential Spenddown will occur for each payroll period each month. Once the entire SOC amount has been paid by the recipient, the case is then "certified" for Medi-Cal purposes. If CMIPS' "virtual swipe" does not identify any outstanding SOC for the month, no SOC will be deducted from the payroll warrant;

however, Explanation of IHSS SOC letters will still be sent letting the recipient and provider know that no SOC needs to be paid.

Please remind key data entry staff that this new process requires a "real time" interface between the systems to obtain any available SOC information for the Spenddown. Consequently, there may be a slight delay in processing while CMIPS interfaces with and obtains the necessary information from MEDS.

5.2 Special Spenddown Circumstances

Special Types of Cases and How They Will Be Affected:

1. Overdue Assessment Cases-(Cases in either I or E Status)
   - Cases with a current eligibility end date prior to the current date will be subject to both Buy-Out and Spenddown transactions.
2. IPW/PCSP recipient cases that have eligibility for the Buy-Out month-(Cases in I, E, L or T Status.)
   - Cases with eligibility for the Buy-Out month will be subject to Buy-Out and Spenddown transactions.
3. Restaurant Meal Allowance payments **will not** be subject to Spenddown processing.
4. Waiver Personal Care Services (WPCS) payments **will be** subject to Spenddown processing. It should be noted that for cases having both IHSS and WPCS services, the SOC will be deducted from the <u>first payment</u> that is processed by CMIPS.
5. 250% Working Disabled cases (Aid Code 6G) have a premium that is paid to the California Department of Health Services (CDHS).
   - This premium amount appears in the SOC field in MEDS but is not considered a SOC for either Buy-Out or Spenddown. Recipients should continue to make their payment to CDHS.
6. When the IHSS-R SOC exceeds need, there will be no Buy-Out.
   - This means that even if the recipient's Medi-Cal SOC is higher than the IHSS-R SOC, IPW/PCSP recipients will be responsible for paying their entire Medi-Cal SOC. In order to be eligible for the Buy-Out, a recipient must also be eligible for IHSS-R. A SOC exceeding the need makes the recipient ineligible for IHSS-R and, therefore, ineligible for the Buy-Out. In these cases, recipients will need to take proof of SOC payment made to their IHSS provider into their Medi-Cal eligibility worker to have it obligated against their outstanding Medi-Cal SOC.

7. Recipients Who Pay Their Share of Cost to the County

   With the June 1st implementation of POS this won't be possible anymore. Recipients who formerly paid their SOC to the county will now have their SOC deducted via the Spenddown process, will receive an IHSS Explanation of SOC letter, and will be required to pay the amount specified in their IHSS Explanation of SOC letter to their provider.

5.4. Advance Pay

There will be no change in warrant issuance processing for most Advance Pay recipients. Advance Pay warrants will continue to be issued by the SCO according to the established schedule. However, there will be a change in the way CMIPS will process Advance Pay for recipients with a share-of-cost and for an Advance Pay couple when one is SI and the other NSI with a provider who submits timesheets in arrears.

5.4.1 Advance Pay Recipients with a SOC

Advance Pay recipients with a SOC will not be included in the regular Advance Pay process. Cases with a SOC will be written to an exception report for warrant issuance via a SPEC W/X 03 transaction which will allow Spenddown processing. Because it is necessary to issue these warrants via a SPEC transaction, Advance Pay recipients with a SOC can no longer have Direct Deposit. Additionally, this group of recipients may experience a small delay in the receipt of their funds because Medi-Cal rules do not allow the Buy-Out/Spenddown to be processed until the first day of the month. Advance Pay recipients will receive a special Advance Pay Explanation of SOC letter. Providers for Advance Pay recipients with a SOC will not receive a letter since the recipient may choose the provider to whom they wish to pay the SOC.

5.4.2 Multiple Advance Pay IPW Recipients in the Same FBU

In situations where there is more than one Advance Pay recipient with a SOC in the same Medi-Cal FBU, the SOCs will be aggregated and deducted from the recipient with the lowest IHSS recipient number. This means that all IHSS-related SOCs for one FBU may be deducted from one recipient's Advance Pay warrant.

5.4.3 Cases With Both Advance Pay and Arrears in the Same FBU

For cases with multiple IHSS recipients in the same FBU, the IHSS SOC will be aggregated for the Buy-Out. For example, in situations where:

- One recipient is receiving Advance Pay, and the other recipient is NSI with a provider who receives arrears pay, and
- both recipients have a SOC, then

all IPW/PCSP SOC amounts will be aggregated and deducted from the Advance Pay recipient's warrant. If there is more than one Advance Pay recipient in the FBU, the deduction will be made from the recipient with the lowest IHSS recipient case number. If that one warrant is not sufficient to meet the entire FBU SOC, the remainder will be deducted from the next lowest IHSS recipient case number if there is another Advance Pay recipient in the FBU. If there are no other Advance Pay recipients, but there are recipients whose providers are paid in arrears, the SOC will be deducted from the providers' warrants until the SOC obligation has been satisfied.

5.5 Inter-County Transfer Cases

Inter-County Transfers pose a special problem for processing Buy-Out and Spenddown transactions. Currently, when counties process an Inter-County Transfer, a case may be open in both the sending county and the receiving county at the same time. While CMIPS allows more than one case to be open in more than one county at a time, the MEDS system only allows one case to be open for an individual. This means that the Medi-Cal case can only be open in one county. Therefore, with the implementation of Phase 3, Inter-County Transfer cases will be handled as follows:

- When multiple IHSS recipient cases have the same MEDS SOC case number and the CIN and SSN match, but there are **different IHSS County Numbers and different IHSS SOC amounts**, CMIPS will process the Buy-Out against the recipient case with the lower IHSS SOC.
- When multiple IHSS recipient cases have the same MEDS SOC case number and the CIN and SSN match, but there are **different IHSS County Numbers**, CMIPS will process the Buy-Out against the recipient case that matches the MEDS County Number.
- When multiple IHSS recipient cases have the same MEDS SOC case number and **one of the IHSS cases has an IHSS SOC greater than the IHSS Authorization to Purchase**, **no Buy-Out processing will occur against either IHSS case.**

5.6 IHSS-R Case Processing

IHSS-R cases should continue to be handled as they are currently under CDSS MPP Division 30-700 Regulations. Eligible IHSS-R cases will be part of the monthly Buy-Out

if their Medi-Cal SOC is higher than their IHSS SOC. IHSS-R cases will not be included in the automated CMIPS/MEDS Spenddown process because SOC deductions will continue to be processed by CMIPS as they are currently. Provider payroll timesheets will be processed and warrants issued as they are currently.

As is the case with PCSP and IPW, no Buy-Out will occur in cases where the IHSS SOC is higher than the Medi-Cal SOC. Until Phase 3 Implementation, the county will need to enter the lower Medi-Cal SOC amount in Field M6. After June 1st, counties only need to enter a SOC on the M-line for Residual cases **when the Medi-Cal SOC is lower**. That amount will be deducted from the provider's payroll warrants as it is today. The recipient will need to submit proof of payment for the SOC amount they paid to their provider(s) to their county Medi-Cal office to apply against their Medi-Cal SOC. For further information on what is an acceptable proof of payment of SOC, please contact your county Medi-Cal Eligibility Worker.

IHSS-R recipients and providers will both receive an Explanation of IHSS SOC letter.

5.7 2N Cases and POS

The SOC process does not change for the IHSS residual cases-2Ns. The IHSS SOC in the system (in CMIPS and not MEDS) will be deducted from the payment made to a provider. Costs encumbered to spend down the Medi-Cal SOC cannot be used to lower the IHSS SOC for residual cases. However, payment of the IHSS SOC will be recognized by Medi-Cal as a legitimate expense for Spenddown for the Medi-Cal SOC.

6. SPECIAL INSTRUCTIONS

6.1 SOC Cases Changing to Non-SOC Cases

Implementation of the POS process has resulted in changes to how these cases should be entered into CMIPS. Currently, when an IHSS SOC case is changed to a non-SOC case, the user may retain the existing date or enter a new SOC date to indicate the END DATE for SOC. After the case has been updated with this information, the user may again access the case and delete the SOC date. **Counties should advise the input staff not to re-access the case and delete the SOC date. The subsequent deletion of the SOC date removes all trace of SOC information from the database.**

This is particularly important when the effective date is some point in the future because timesheets processed between the date the change is made and the actual effective date will not be calculated correctly. For example if a change from a SOC case to a non-SOC case is made on April 1st, but the actual change to non-SOC is not effective until September 1st, CMIPS needs the SOC data to remain in the database so that the

timesheets submitted for the intervening time period will be calculated as a SOC case and not as a non-SOC case. To correctly handle these situations, counties should build an ending segment when the SOC period ends and a new segment for the beginning of the non-SOC period; hence, timesheets both before and after the change will be calculated correctly.

6.2 Cases Transferring between Programs

With the implementation of the IPW program and changes to the PCSP program, it will be increasingly possible for recipients to move back and forth between programs for numerous reasons. With this comes the increased complexity of ensuring that the funding for recipients is handled correctly. It will no longer be possible for counties to make manual changes to a recipient's funding source. Because CMIPS now identifies recipients and their eligibility by their MEDS codes when it does the daily interface, the new Weekly Statutory Max Report has been developed to assist county staff in identifying when a recipient moves from one Secondary Aid Code (funding source) to another.

6.3 Share of Cost Exceeds Needs

For cases in either the IPW or PCSP, Medi-Cal does not allow termination or denial of benefits when the SOC exceeds the individual's needs. Cases in the IHSS-R program are still subject to CDSS Manual of Policies and Procedures Division 30-700 Regulations. These cases should be handled as they are currently. However, effective with the Phase 3 implementation, no Buy-Out will occur for all IPW, PCSP, and IHSS-R cases when the IHSS-R SOC exceeds the needs.

6.4 Couples Cases After POS Implementation

Couples cases will be handled as they are currently with the following exceptions. As of June 1st POS implementation, it will no longer be possible for a recipient member of a couple to designate against which provider the share-of-cost is to be applied or to divide a couple's share of cost between two providers. With the implementation of the Spenddown process, the SOC will be applied against the first timesheet keyed. If that timesheet does not obligate all of the SOC, then any remainder will be obligated against the next timesheet keyed and so on up to the value of the timesheet.

6.5 Notice of Action Changes

The IHSS-R Notice of Action timeframes remain as they are currently; however, CDHS will send 10-day NOAs to IPW and PCSP recipients when the Medi-Cal SOC increases

or Medi-Cal case is terminated. CDSS will continue to issue timely IHSS NOAs to IHSS-R/IPW/PCSP cases following reassessments.

For IPW/PCSP cases whose eligibility spans the implementation of the IPW but requires retrospective services authorization adjustment, it will be necessary for county staff to build separate segments to reflect periods of eligibility prior to and after March 1, 2006 so that funding will be handled correctly. CMIPS will now contain a hard edit that will not allow the user to enter a date that crosses over the inception of the IPW program date.

6.6 CMIPS SPEC Transaction Processing

The following SPEC Transactions will be affected as indicated by the IPW implementation. Modifications to SPEC transactions are still being finalized and additional information will be provided in a future ACL.

- W/X 11-Reissue voided warrant to a lien holder-These transactions will not be subject to Spenddown processing.
- W/X 12-Issue Lien Payment to Provider-These transactions will not be subject to Spenddown processing.
- X 14-Emergency Meals-These transactions will not be subject to Spenddown processing.
- W/X 17-EFT Rejection Transactions-CMIPS shall edit to ensure that an S17 transaction exists for the payment period. These transactions will not process a Spenddown transaction for payment periods after implementation of the IPW date.
- W/X 25-This is a new transaction developed specifically to provide counties with a mechanism to pay providers working for recipients moved into the IPW or IHSS-R and who have worked hours above the statutory maximum. <u>This SPEC transaction should not be used for any other purpose.</u>

6.7 Special Handling for Certain Time/Spec Transactions

The following Time/Spec transactions require special handling because they contain a “hard edit” and will not allow processing to be completed until the problem is resolved. If during key entry any of the following three edits are displayed, call the EDS Help Desk at (916) 636-4280 or for Los Angeles County (213) 387-3521.

- "INVALID CIN"
- "INVALID BIC ISSUE DT"
- "DATA ERROR – CALL EDS"

6.8 Certification Reversals

CMIPS will attempt to reverse an incorrectly applied SOC on MEDS; however, once a case is Medi-Cal certified, the certification cannot be reversed. For example, if a timesheet is keyed into CMIPS with the wrong number of hours or for the wrong pay period which results in a Spenddown that certifies a recipient for Medi-Cal for the month, this transaction cannot be reversed.

7. CMIPS IHSS NOTICE OF ACTION (NOA) MESSAGES

With the implementation of the IPW, and the resulting program changes, it was necessary to modify, add, and discontinue some of the NOA messages. The following charts show the affected NOA messages. For the complete text of all NOA messages see CMIPS 2000 User's Manual, Section V-F-2.

7.1 New Messages

The following NOA messages have been added:

Automated Messages

310	311	312
313	314	315
316	317	318
319	345	350*
409	445	

A copy of the complete text of these messages is attached.

*Please note that the original NOA message 350 has been deleted and has been rewritten as a new NOA message attachment. Creation of this message was necessary to provide adequate SOC information to recipients. However, the amount of information necessary prohibited it from being printed directly on the NOA. NOA message 350 describes how the SOC process will affect recipients in each of the in home services programs. This attachment should be included with each NOA sent to a SOC recipient.

Counties should indicate on the attachment the appropriate program message for the recipient.

7.2 Discontinued Messages

The following Notice of Action messages have been discontinued:

346	350	351
355	378	380
381	382	383
392	529	530
531	533	536
537	538	541
542	560	595
597		

A copy of the complete text of these messages is attached.

7.3 Modified Messages

Many of the NOA messages have been slightly modified to read, “In Home Services” rather than “In-Home Supportive Services”. Only those messages used exclusively by the IHSS-R will continue to read “In-Home Supportive Services”. Other minor modifications have been made to some NOA messages so that the messages can be used by all three programs.

308	309	322
331	354	373
376	377	379
386	387	408
415	422	444
462	470	471
472	473	474
477	521	532
534	535	539
540	554	586

A copy of the complete text of these messages is attached.

8. POS SYSTEM DOWN-WHAT TO DO

As with all computer systems, there may be times when the POS system may not be operational. During these times when communication is "down", CMIPS will not be able to obtain the SOC information necessary to correctly process provider timesheets. When this happens, counties attempting to enter timesheets with a SOC will receive a hard edit that will not allow them to enter the timesheet and a message advising them to "try again later." **Counties are not to attempt to "work around" this edit**. Doing so can have deleterious effects on the recipient's Spenddown of their SOC and the issuance of an incorrect payroll warrant to the provider. The system is not expected to be down often, and generally counties should be able to re-key the timesheet later in the same day.

9. CMIPS MANUAL UPDATES

The CMIPS 2000 User's Manual is currently up-to-date through the changes implemented in Phase 2. All counties receive a diskette every quarter with updates to the CMIPS manual. Phase 3 changes to the CMIPS 2000 User's Manual are being prepared and will be issued in the near future.

10. WHAT'S COMING IN THE FUTURE

Additional changes during future Phases will continue to be made to CMIPS to resolve any remaining issues, further enhance the functionality necessary for efficient operation, and modify existing reports to reflect the new funding sources. As these post-implementation phases are completed, counties will be notified and instructional material and training, if applicable, will be provided as necessary. General status updates will continue to be provided at Regional Meetings.

If you have further questions regarding this ACL, please contact the Adult Programs Branch, Adult Programs Operations Bureau, at (916) 229-4000.

Sincerely,

Original Document Signed By:

JOSEPH M. CARLIN
Deputy Director
Disability and Adult Programs Division

Attachments

11. ATTACHMENTS

11.1 Glossary of Terms

The following definitions are to help with the understanding of the new Point-of-Sale process:

- **Buy-Out-**The difference between the higher MEDS SOC (individual or FBU SOC) and the lower IHSS SOC (individual or aggregated for FBU recipients).
- **Client Index Number (CIN)-**A unique identifier assigned to each beneficiary by the Statewide Client Index. CMIPS uses this number as a data element for identifying matching cases in other systems.
- **Daily IHSS Response File-**Daily file received from MEDS containing updated Medi-Cal eligibility information.
- **Explanation of IHSS Share of Cost Letters (SOCL)-**Letters sent to the recipient and provider after each timesheet submission to advise both parties of their obligations concerning the SOC amount that the recipient will be expected to pay directly to their provider. These letters will be system-generated and mailed by the CMIPS contractor. At the present time, counties will not be able to reprint these letters.
- **MEDS IHSS Renewal File-**Monthly file received from MEDS containing individual eligibility and SOC information used to process the Buy-Out and assign Secondary Aid Codes.
- **Manual of Policies and Procedures (MPP)-**The regulations used to administer programs within the CDSS. IHSS regulations are found in the Division 30-700 series.
- **Point-of-Service Terminal**-A device used by Medi-Cal Providers to identify and incur SOC for Medi-Cal beneficiaries. CMIPS will act as a "virtual" Point of Service terminal to identify and incur SOC for IPW/PCSP recipients.
- **Share-of-Cost-**Some IHSS program recipients must pay a monthly dollar amount toward their Medi-Cal expenses before they qualify for IHSS or Medi-Cal benefits. This dollar amount is called Share of Cost (SOC).
- **Share-Of-Cost (SOC) Comparison-**All IHSS Residual Program recipients who are eligible for Full-Scope FFP Medi-Cal must move into either the IPW or PCSP. CMIPS compares the Medi-Cal SOC with the IHSS SOC. The recipients eligible for the SOC comparison are responsible for the lower of the two SOCs. To be eligible for the SOC comparison, the recipient must be eligible for Full-Scope FFP Medi-Cal and "otherwise" eligible for the IHSS-R program. CDSS will pay Medi-Cal recognized expenses (MRE) equal to the difference between the two shares of cost. For descriptive purposes we call this amount the "Buy-Out".
- **Spenddown-**The Spenddown refers to the amount of SOC paid by the recipient to the IHSS provider or providers of other medically necessary medical services and applied against the recipient's Medi-Cal SOC on MEDS to reduce the recipient's Medi-Cal SOC obligation.

11.2 Copy of Recipient Notice

IMPORTANT NOTICE FOR IHSS RECIPIENTS ABOUT CHANGES TO THE FEDERAL MEDI-CAL IN-HOME SUPPORTIVE SERVICES PROGRAMS THAT AFFECT THE WAY YOU PAY YOUR SHARE OF COST

You are getting this Notice because you are an In-Home Supportive Services (IHSS) recipient, you receive Medi-Cal and you pay a Share of Cost. Right now, you pay your Share of Cost (SOC) to the person who provides you with IHSS services, and you have a Medi-Cal card with no Share of Cost included. Also your Notice of Action has told you the amount of IHSS Share of Cost you need to pay each month to your provider(s).

WHAT IS A SHARE OF COST?

Most people who get IHSS services are receiving them as a Medi-Cal benefit and also receive other Medi-Cal benefits. Some of those people must pay a certain amount each month toward their Medi-Cal expenses. This dollar amount is called a Share of Cost. A Share of Cost is similar to a private insurance plan's out-of-pocket deductible. As an IHSS recipient you have been paying your Share of Cost directly to your IHSS provider.

WHAT IS CHANGING?

This Notice is about a change in how you pay your Share of Cost. Because IHSS services are now provided under Medi-Cal, and Medi-Cal rules apply to these services, the way you pay your Share of Cost has changed. Instead of paying your Share of Cost only to your IHSS (Medi-Cal) provider, now you may also pay your Share of Cost by purchasing other Medi-Cal expenses, such as when you go to the doctor or pharmacy, or pay for other allowable Medi-Cal services. If you do not pay all of your Share of Cost when you go to the doctor or pharmacy or access other Medi-Cal approved services, you will pay the remaining amount to your IHSS (Medi-Cal) provider. You will receive an "Explanation of IHSS Share of Cost" letter from the State when your provider(s) submit their timesheets telling you how much to pay to your IHSS provider.

Example:

Mrs. Smith has a share of cost of **$200** for the month of June.	$200
She sees her doctor on the 5th and pays **$50** at the doctor's office.	-$50
She fills a prescription on the 6th and pays **$60** at the pharmacy.	-$60
Her provider submits her time sheet on the 16th	
Mrs. Smith will need to pay her IHSS provider **$90**	$90

WHEN DOES THIS NEW PROCESS BEGIN?

June 5, 2006.

HOW DOES MY MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC) WORK WHEN I HAVE A SOC?

When you go to the pharmacy or doctor's office, you use your Medi-Cal BIC card. The pharmacy or doctor's office checks a computer system to see what your Share-of-Cost amount is. As you pay for any Medi-Cal expenses, the amount you pay is subtracted from the total Share-of-Cost for that month. Each purchase lowers your remaining Share-of-Cost until the whole Share-of-Cost is paid each month. When the whole Share-of-Cost amount is paid, you do not have to pay for any other Medi-Cal expense until the beginning of the next month.

HOW WILL I KNOW HOW MUCH MONEY TO PAY MY PROVIDER?

When your IHSS provider's timesheet(s) are processed for payment, any Share-of-Cost that you have not paid during that month will be deducted from your provider's paycheck, just like it is now. Instead of just paying your Share-of-Cost to your provider, you may have paid some of your Share-of-Cost at a doctor's office, pharmacy or for other Medi-Cal-approved services, so what you owe to your IHSS provider each pay period may be different. A computer system keeps track of how much you pay when you use your Medi-Cal card. To help you understand how much to pay your IHSS provider(s), you will receive an "Explanation of IHSS Share-of-Cost" letter for each provider pay period telling you the amount you must pay to the IHSS provider.

If you have more than one IHSS provider, you will not be able to choose which provider your Share-of-Cost is paid to. Any Share-of-Cost that you have not paid will be subtracted from the IHSS provider's timesheet that is processed first by the county. Please help make sure that all timesheets are completed, verified and submitted on time by your provider(s). If your IHSS provider(s) do not turn in their timesheets every pay period, we cannot tell you how much of your Share-of-Cost must be paid to them.

If you have any questions about this notice, please contact the California Department of Social Services at the toll free number below for more information.

1-877-508-1327

11.3 Copy of Provider Notice

IMPORTANT NOTICE FOR IHSS PROVIDERS ABOUT CHANGES TO THE FEDERAL MEDI-CAL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM THAT AFFECT THE WAY YOUR RECIPIENT/EMPLOYER PAYS THEIR SHARE OF COST

You are getting this Notice because you are a provider of IHSS services, and the person you provide those services to pays a Share-of-Cost for Medi-Cal. The person who receives services from you is called your recipient/employer. As an IHSS (Medi-Cal) provider, you may receive some of your payment for providing these IHSS services from your recipient/employer, and some of your payment in a paycheck from the State of California Controller's Office. This Notice is about a change in how your recipient/employer pays their Share-of-Cost and how it may affect you.

WHAT IS A SHARE OF COST?

Most people who get IHSS services are receiving them as a Medi-Cal benefit and they also receive other Medi-Cal benefits. Some of those people must pay a certain amount each month toward their Medi-Cal expenses. This dollar amount is called a Share-of-Cost. A Share-of-Cost is similar to a private insurance plan's out-of-pocket deductible. Your recipient/employer has been paying his or her Share-of-Cost every month directly to you or another IHSS (Medi-Cal) provider who works for him or her.

WHAT ARE THE CHANGES?

Up until the time of this change, your recipient/employer has paid you or another IHSS provider their Share-of-Cost as part of what you earned for providing IHSS services. Because IHSS services are now provided under Medi-Cal, and Medi-Cal rules apply to these services, your recipient/employer may have other ways to pay their Share-of-Cost. Your recipient/employer may pay you, or can pay the Share-of-Cost to a pharmacy, at a doctor's office, or when purchasing other Medi-Cal approved expenses.

Example:

Mrs. Smith has a share of cost of **$200** for the month of June.	$200
She sees her doctor on the 5th and pays **$50** at the doctor's office.	-$50
She fills a prescription on the 6th and pays **$60** at the pharmacy.	-$60
Her provider submits her time sheet on the 16th Mrs. Smith will need to pay her IHSS provider **$90**	$90

HOW WILL THIS AFFECT ME?

You will continue to turn in your timesheet twice each month to the county and you will continue to be paid for all the IHSS services you provide. What may change is the way you are paid. You may receive some of your wages from your recipient/ employer and some of your wages from the State, or you may receive all of your wages from the State. The amount you receive from your recipient/employer and/or the State may change each pay period. It will depend on whether your recipient/employer pays their Share of Cost for other medical expenses before your timesheet is processed each pay period.

WHEN DOES THIS NEW PROCESS BEGIN? June 5, 2006.

HOW WILL I KNOW HOW MUCH MONEY TO COLLECT FROM MY EMPLOYER AND HOW MUCH TO COLLECT FROM THE STATE? Your recipient/employer has a Medi-Cal Benefits Identification Card (BIC). A computer system keeps track of each time your recipient/employer uses the Medi-Cal BIC card and knows how much your recipient/employer's Share-of-Cost is. Each time your recipient/ employer pays for Medi-Cal expenses when using a Medi-Cal card, the computer subtracts that amount from the total Share-of-Cost until the whole Share-of-Cost is paid each month.

When your timesheet(s) are processed for payment, the computer system will check to see how much your recipient/employer has already paid toward their Medi-Cal Share-of-Cost. Each time you turn in a timesheet, both you and your recipient/employer will receive an "Explanation of IHSS Share-of-Cost" letter that will tell you how much money to collect from your recipient/employer. Your check from the State should arrive a few days after you receive the "Explanation of IHSS Share-of-Cost " letter. It is very important that you turn in your timesheet promptly at the end of each pay period or your recipient/employer will not know how much of their Share-of-Cost to pay directly to you.

Should your recipient/employer not pay you for any reason, you should call your county IHSS Office for assistance. They will help you resolve the non-payment issue.

WHAT HAPPENS IF I AM NOT THE ONLY PROVIDER? If your recipient/ employer has more than one provider, the computer system will automatically subtract the Share-of-Cost amount that is still owed from the provider's paycheck that is issued first. Your recipient/ employer will no longer be able to choose which provider will receive payment of their Share-of-Cost.

If you have any questions about this notice, please contact the California Department of Social Services at the toll free number below for more information.

1-877-508-1327

11.4 Sample of Recipient Explanation of Share-of-Cost Letter (SOCL)

MONTROSE COUNTY, 01, B35F
123 OAK AVENUE
ANY TOWN, CA 99999

PENELOPE WITHERSPOON
JAMES SCOTT
5678 NORTH STREET
ANY TOWN, CA 99999

EXPLANATION OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE OF COST

06/01/2006

CASE NUMBER: 1234567890 123456
SHARE OF COST AMOUNT TO BE PAID TO THIS PROVIDER: $9999.99
PROVIDER: PEGGY STEVENS

This notification is to inform you that the above-indicated Share of Cost was withheld from the payment issued for service period 05/01/2006-05/15/2006. You are responsible to pay this Share of Cost to PEGGY STEVENS

Each time a payment is processed against your IHSS case, the Share of Cost obligation will be determined and appropriately applied for the service period. Your provider of service will receive a similar notice to tell him/her how much to collect from you.

If you have questions regarding this notification, you may contact your County IHSS Social Worker or your County IHSS Payroll Office.

IHSS Payroll Department

11.5 Sample of Provider Explanation of Share of Cost Letter (SOCL)

EAGLE COUNTY IHSS OFFICE, 01, B35F
789 BROADWAY
ANY TOWN, CA 44444

LISA REEDER
1234 ELM STREET
ANY TOWN, CA 44444

EXPLANATION OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE OF COST

06/01/2006

CASE NAME:JOHN ROBERTS
CASE NUMBER: 1234567890 123456
SHARE OF COST OBLIGATION: $9999.99

This notification is to inform you that the Share of Cost shown above was withheld from the warrant issued to you for service period 05/01/2006-05/15/2006 for IHSS service you performed for JOHN ROBERTS. You are responsible to collect this Share of Cost amount from JOHN ROBERTS.

Each time a timesheet is processed, the recipient's remaining Share of Cost obligation will be determined and appropriately applied for the service period. You will receive a notice telling you how much of the recipient's Share of Cost obligation has been deducted from your payroll warrant. The recipient you work for will also receive a letter similar to this one explaining the amount that is to be paid to you.

If you have questions regarding this notification, you may contact your County IHSS Social Worker or your County IHSS Payroll Office.

IHSS Payroll Department

IN-HOME SUPPORTIVE SERVICES
NOTICE OF ACTION-350

Note: This notice relates ONLY to your Social Services.
It does NOT affect your receipt of SSI/SSP, Social Security or Medi-Cal.

(A) ☐ IHSS PLUS WAIVER
(B) ☐ PERSONAL CARE SERVICES PROGRAM

Your IHSS calculated share of cost is shown on the front of your attached In-Home Supportive Services (IHSS) Notice of Action. You are eligible for a share of cost comparison between your IHSS share of cost and Medi-Cal share of cost and are only responsible for the lower share-of-cost amount. You should have received a Medi-Cal Notice of Action identifying your Medi-Cal share of cost amount.

- If your Medi-Cal share of cost is greater than your IHSS share of cost, the California Department of Social Services will pay your Medi-Cal recognized expenses equal to the difference between the two shares of cost to reduce your Medi-Cal share of cost obligation to the amount of your IHSS share of cost.
- If your Medi-Cal share of cost is less than your IHSS share of cost, then you are only responsible for obligating the amount of your Medi-Cal share of cost.

When your IHSS provider's timesheet is processed for payment, any share of cost that you have not obligated for Medi-Cal approved services will be deducted from your provider's pay warrant(s). Both you and your provider(s) will receive an "Explanation of IHSS Share of Cost" letter for each pay period telling you the amount you must pay to your provider.

(C) ☐ IHSS-RESIDUAL

Your IHSS share of cost is shown on the front of your attached In-Home Supportive Services (IHSS) Notice of Action. It is your responsibility to pay your IHSS share of cost amount directly to your provider. This IHSS share of cost amount will be deducted from your provider's pay warrant(s) until your IHSS share of cost amount has been met.

If you are eligible for Medi-Cal and have a Medi-Cal share of cost, you are eligible for a share of cost comparison between your IHSS share of cost and Medi-Cal share of cost. You will only be responsible for the lower share-of-cost amount.

If you are eligible for Medi-Cal and have a Medi-Cal share of cost, you can take proof of payment for the IHSS share of cost you have paid to your provider to your county Medi-Cal office to reduce your Medi-Cal share of cost obligation. For further information on how to apply these expenses, please contact your county Medi-Cal Eligibility Worker.

11.6 RELA Screen

Recipient Case – RELA

```
      THIS RELA I 5555555555
      NEXT RELB I 5555555555

  CIN 96981210C4 REPRINT N
A SEQ#  008  AID 10   SSN 001 - 22 – 3324    SEX F      BIRTH DATE 04181936
B LAST NAME STEVENSON          FIRST BERNADINE     MI
C ST 12855 OAKS AVE APT 211         CY CHINO               ST CA Z 91710 3675
D PHONE # ( 909 ) 902 - 5767 DP ZZZ     GUARDIAN
E ST                                CY                     ST    Z

F STATUS MC AID INS DATE CTZN ETHNIC  LANG  OTH/COV  SSNV  HIC./R.R. #    FBU #
    E    1X 2N                 2      7
G SPOUSE/PARENT   # HH    RCP    RES  L/A  ROOMS  YARD  WASH  DRY  STOVE  REFIG
       00           01    01     02   01    04     N     Y     Y     Y      Y

                   F U N C T I O N A L   L I M I T A T I O N S
H HOUSE  LNDRY  SHOP  MEAL  MOBILITY  BATH  DRESS  BB/M  TRANSFER  EAT  BREATH
    4      4      3     3      1        2      2     1      2       1      1

                          F U N C T I O N A L
H MEMORY  ORIENT  JUDGE      INDEX     HOURS     W/O IHSS  NEED PROV
     1      1       1         2.00      63.3        3      11   1:1
  DATE LAST CHANGED 08/30/2005          DATE ADDED 11/20/2003
F03=EXIT F04=CINV F05=CIN UPDATE F08=NEXT
```

Recipient Case – RELB

```
      THIS RELB I 5555555555
      NEXT RELC I 5555555555
                                          STEVENSON, BRUCE
  SOC DATE  IND  LINK  #DEP
  07012005   D              SOURCE / INCOME / DEDUCT       MONTHLY TOTALS
I SOURCE / INCOME / DEDUCT   1    $                   CNTBLE INCOME $     0.00
J 2   $                      3    $                   BNFT LVL      $     0.00
K 4   $                      4    $                   IHSS SOC      $ 99999.99
L MODE    RATE  HOURS   MODE   RATE   HOURS           MEDI-CAL SOC  $ 99999.99
   IP   $  6.25  200.4       $                      RECOVERY AMOUNT $    0.00
R                                                   STATE HEARING HRS    0.00
   SEGMENT SELECT 1
  ACT  BEG DATE END DATE  GROSS AMT MODE RATE HOURS  SHR/COST TYPE OPT MEALS
M      07012005 06302006 $ 1452.90  IP   6.25 200.4  99999.00  S    R
                         $                                    C
N      07012004 06302005 $ 1352.70  IP   6.75 200.4  99999.00  S    R
                         $                                    C
O      07012003 06302004 $ 1393.20  IP   6.75 206.4  99999.00  S    R
                         $                                    C
P   APPLICATION DATE   REF        FACE/FACE DATE          COUNTY USE
       05231998        15          05232005
                      ************     SERVICE   WORKER   ************
Q DO# 01 F NAME ROBERTA      L NAME JACKSON       # 1234 PH# ( 999 ) 666 - 1234
F03=EXIT F08=NEXT
```

11.7 Recipient History Screen

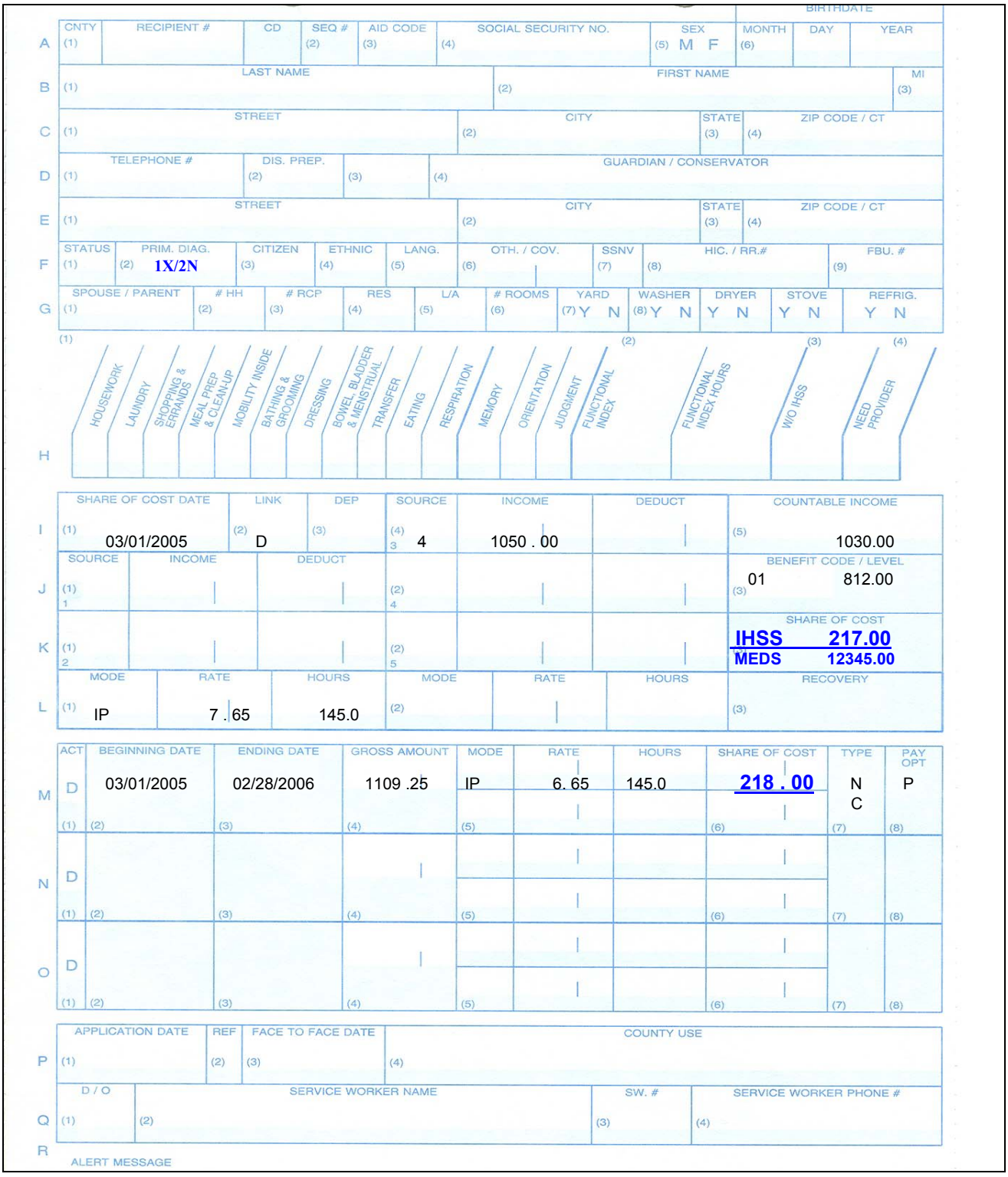
Recipient Case History – RHSA

```
      THIS RELA I 5555555555008
      NEXT RELB I 5555555555008

  CIN 96981210C4 REPRINT N
A SEQ#  008  AID 10   SSN 001 - 22 – 3324    SEX F      BIRTH DATE 04181936
B LAST NAME STEVENSON          FIRST BERNADINE     MI
C ST 12855 OAKS AVE APT 211         CY CHINO               ST CA Z 91710 3675
D PHONE # ( 909 ) 902 - 5767 DP ZZZ     GUARDIAN
E ST                                CY                     ST    Z

F STATUS MC AID INS DATE CTZN ETHNIC  LANG  OTH/COV  SSNV  HIC./R.R. #    FBU #
    E    1X 2N                 2      7
G SPOUSE/PARENT   # HH    RCP    RES  L/A  ROOMS  YARD  WASH  DRY  STOVE  REFIG
       00           01    01     02   01    04     N     Y     Y     Y      Y

                  F U N C T I O N A L   L I M I T A T I O N S
H HOUSE  LNDRY  SHOP  MEAL  MOBILITY  BATH  DRESS  BB/M  TRANSFER  EAT  BREATH
    4      4      3     3      1        2      2     1      2       1      1

                          F U N C T I O N A L
H MEMORY  ORIENT  JUDGE      INDEX     HOURS     W/O IHSS  NEED PROV
     1      1       1         2.00      63.3        3      11   1:1
  DATE LAST CHANGED 08/30/2005          DATE ADDED 11/20/2003
F03=EXIT F04=CINV F05=CIN UPDATE F08=NEXT
```

Recipient Case History – RHSB

```
      THIS RELB I 5555555555008
      NEXT RELC I 5555555555008
                                          STEVENSON, BRUCE
  SOC DATE  IND  LINK  #DEP
  07012005   D              SOURCE / INCOME / DEDUCT       MONTHLY TOTALS
I SOURCE / INCOME / DEDUCT   1    $                   CNTBLE INCOME $     0.00
J 2   $                      3    $                   BNFT LVL      $     0.00
K 4   $                                               IHSS SOC      $ 99999.99
L MODE    RATE  HOURS   MODE   RATE   HOURS           MEDI-CAL SOC  $ 99999.99
   IP   $  6.25  200.4       $                      RECOVERY AMOUNT $    0.00
R                                                   STATE HEARING HRS    0.00
   SEGMENT SELECT 1
  ACT  BEG DATE END DATE  GROSS AMT MODE RATE HOURS  SHR/COST TYPE OPT MEALS
M      07012005 06302006 $ 1452.90  IP   6.25 200.4  99999.00  S    R
                         $                                    C
N      07012004 06302005 $ 1352.70  IP   6.75 200.4  99999.00  S    R
                         $                                    C
O      07012003 06302004 $ 1393.20  IP   6.75 206.4  99999.00  S    R
                         $                                    C
P   APPLICATION DATE   REF        FACE/FACE DATE          COUNTY USE
       05231998        15          05232005
                      ***********     SERVICE   WORKER   ***********
Q DO# 01 F NAME ROBERTA      L NAME JACKSON       # 1234 PH# ( 999 ) 666 - 1234
F03=EXIT F08=NEXT
```

11.8 IHSS Assessment Form – Turn-Around Document – SOC 293



11.9 Weekly STATUTORY Max Report

```
                  S T A T E   O F   C A L I F O R N I A
JOB - IH2LXXXX       IN-HOME SUPPORTIVE SERVICES    DATE 07/01/2005   PAGE   1
REPORT - IH2RXXXX    WEEKLY STATUTORY MAX REPORT    RUN DATE  07/01/2005

COUNTY  XX  DISTRICT OFFICE XX                          SOCIAL WORKER XXXX

CASE NUMBER         RECIPIENT NAME               CIN       AUTH     UNMET
                                                            HRS      NEED
--------------------------------------------------------------------------------
RECIPIENT IHSS+ WAIVER, NSI WITH HOURS GREATER THAN 195
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890    213.2
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890    283.0
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890    212.3
RECIPIENT IHSS-RESIDUAL, NSI WITH HOURS GREATER THAN 195
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890    225.7
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890    206.3
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890    196.6
RECIPIENT PCSP, AUTH HRS LESS THAN 283 WITH UNMET NEED
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890             26.3
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890            125.6
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890             87.0
```

11.10 MELG Screen

```
   THIS I 9999999999                XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   NEXT I 9999999999

                   MELG - MEDI-CAL ELIGIBILITY LOOK-UP
ELIG MO  MEDS ID   CIN        BIC DT   SOC   CASE NBR   FFP MES AID LAST DT   T
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X
MMDDYYYY XXXXXXXXX XXXXXXXXXX MMDDYYYY 99999 XXXXXXXXXX  X  XXX XXX MMDDYYYY  X

F03=EXIT F08=NEXT
```

11.11 DAILY Medi-Cal Eligibility Exception Report

```
                  S T A T E   O F   C A L I F O R N I A
JOB - IH2LXXXX       IN-HOME SUPPORTIVE SERVICES      DATE 07/01/2005 PAGE   1
REPORT - IH2RXXXX   MEDI-CAL ELIGIBILITY EXCEPTION    CYCLE DATE 6/29/2005
                             DAILY

COUNTY  XX  DISTRICT OFFICE XX                          SOCIAL WORKER XXXX

CASE NUMBER         RECIPIENT NAME                CIN
--------------------------------------------------------------------------------
MEDI-CAL ELIGIBILITY DENIED
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
RECIPIENT DOB DOES NOT MATCH MEDS                          IHSS DOB  MEDS DOB
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890  MMDDYYYY  MMDDYYYY
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890  MMDDYYYY  MMDDYYYY
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890  MMDDYYYY  MMDDYYYY
```

11.12 Monthly OUTSTANDING CASES

```
                    S T A T E    O F    C A L I F O R N I A
JOB - IH2LXXXX       IN-HOME SUPPORTIVE SERVICES      DATE 06/2005    PAGE   1
REPORT - IH2RXXXX     MONTHLY OUTSTANDING CASES       CYCLE DATE 6/29/2005

COUNTY  XX  DISTRICT OFFICE XX                           SOCIAL WORKER XXXX

CASE NUMBER         RECIPIENT NAME                CIN
--------------------------------------------------------------------------------
MEDI-CAL ELIGIBILITY TERMINATION
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
MEDI-CAL ELIGIBILITY DENIED
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
RECIPIENT DOB DOES NOT MATCH MEDS                        IHSS DOB  MEDS DOB
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890  MMDDYYYY  MMDDYYYY
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890  MMDDYYYY  MMDDYYYY
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890  MMDDYYYY  MMDDYYYY
RESIDUAL CASE WITH IHSS SOC GREATER THAN NEED
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
1234567890  XXXXXXXXXXXXXXXXX, XXXXXXXXXXX X  1234567890
```

11.13 Monthly Outstanding Cases – State Summary

S T A T E O F C A L I F O R N I A
JOB - IH2LXXXX IN-HOME SUPPORTIVE SERVICES
DATE 06/2005 PAGE 1
REPORT - IH2RXXXX MONTHLY OUTSTANDING CASES
CYCLE DATE 6/29/2005

STATE SUMMARY

COUNTY	MEDI-CAL DENIED	DOB MISMATCH	MEDI-CAL TERMINATED	IN LTC	RESIDUAL SOC > NEED	TOTAL
36 SAN BERNARDINO	99,999	99,999	99,999	99,999	99,999	**999,999**
99 XXXXXXXXXXXXXX	99,999	99,999	99,999	99,999	99,999	**999,999**
99 XXXXXXXXXXXXXX	99,999	99,999	99,999	99,999	99,999	**999,999**
99 XXXXXXXXXXXXXX	99,999	99,999	99,999	99,999	99,999	**999,999**
TOTAL	**999,999**	**999,999**	**999,999**	**999,999**	**999,999**	**999,999**

11.14 Reconciliation of Advance Payments Report

```
                                        S T A T E   O F   C A L I F O R N I A
                                             S T A T E   O F   C A L I F O R N I A
JOB - IH2LROAP                                  IN-HOME SUPPORTIVE SERVICES          CYCLE DATE  05/26/2006  PAGE        3
REPORT - IH2RRAPW                             RECONCILIATION OF ADVANCE PAYMENTS     RUN   DATE  05/26/2006  TIME 23:55:08
COUNTY - 63 - NEW COUNTY
OFFICE - 31   SOCIAL WORKER NUMBER MX95                                  SORT SEQ:          COUNTY, OFFICE, SOCIAL WORKER
RECIPIENT      PROVIDER          PAY     CHECK       HOURS/   GROSS    EMPLOYEE   EMPLOYEE   EMPLOYEE    NET     REMARKS
NAME/NUMBER    NAME/NUMBER       MO.    DATE/NUM      RATE    WAGE       FICA     MEDICARE     SDI     PAYMENT
 ---------------------------------------------------------------------------------------------------------------------------


  HAMILTON, AMELLIA           04/2001  04/02/2006   283.0   2663.03       12.15       7.76      5.67    2637.45  PARTIAL
   63-1234567-9                       75555111      9.41  SOC AMOUNT    450.00       NET WARRANT       2187.45
   1234 BAY ST SUITE 4
   FREEDOM, CA 94444 1111

        HAMILTON, ROBERT              04/16/2006   140.3   1320.22        5.88       3.76      2.70    1307.88
                  708454              04/30/2006    9.41
        HAMILTON, ROBERT              04/01/2006   140.0   1317.40        5.86       3.50      2.56    1305.48
                  708454              04/15/2006    9.41

  SUBMITTED ---------                                280.3   2637.62       11.74       7.26      5.26    2613.36

  NET DIFFERENCE ----                                  2.7-    25.41-       0.41-      0.50-     0.41-     24.09-

*****************************************************************************************************************************
  MORRISON, BARBARA           04/2006  04/02/2006   283.0   2663.03       12.15       7.76      5.67    2637.45  OVER
   63-4452233-9                       75555111      9.41  SOC AMOUNT    450.00        NET WARRANT      2187.45
   4563 N BAILEY CT
   ANDERSEN CA 94444 1111

        BENSON, MADELINE              04/16/2006    40.3    379.22        1.25       1.00      1.01     375.96
                  788555              04/30/2006    9.41
        BENSON, MADELINE              04/01/2006    40.0    376.40        1.23       0.97      0.98     373.22
                  788555              04/15/2006    9.41
       MORRISON, RANDALL              04/16/2006   100.0    941.00        0.00       0.00      0.00     941.00
                  995522              04/30/2006    9.41
       MORRISON, RANDALL              04/01/2006   100.0    941.00        0.00       0.00      0.00     941.00
                  995522              04/15/2006    9.41

  SUBMITTED ---------                                280.3   2637.62        2.48       1.97      1.98    2631.19

  NET DIFFERENCE ----                                  2.7-    25.41-       9.67      5.79       3.69       6.26-
```

COUNTY - 63 - NEW COUNTY
OFFICE - 31 SOCIAL WORKER NUMBER MX95 SORT SEQ: COUNTY, OFFICE, SOCIAL WORKER

RECIPIENT NAME/NUMBER	PROVIDER NAME/NUMBER	PAY MO.	CHECK DATE/NUM	HOURS/ RATE	GROSS WAGE	EMPLOYEE FICA	EMPLOYEE MEDICARE	EMPLOYEE SDI	NET PAYMENT	REMARKS
PAGATONI, JOSHUA M		07/2005	07/01/2005	278.1	2641.95	163.80	38.31	28.53	2411.31	OVER
63-0101010-7			75555593	9.50						T 07/24/2005
PAGATONI, JOSHUA M		07/2005	07/01/2005	0.0	596.60-	36.99-	8.65-	6.44-	544.52-	
63-0101010-7			75555593	9.50						
	BOULDING, MADELINE L		07/01/2005	13.0	123.50	7.66	1.79	1.33	112.72	
	222222		07/15/2005	9.50						
	BOULDING, MADELINE L		07/16/2005	30.0	285.00	17.67	4.13	3.08	260.12	
	222222		07/31/2005	9.50						
	HILL, JATUPORN J		07/01/2005	13.0	123.50	7.66	1.79	1.33	112.72	
	333333		07/15/2005	9.50						
	LOUT, KARENA M		07/01/2005	42.0	399.00	24.74	5.79	4.31	364.16	
	444444		07/15/2005	9.50						
	LOUT, KARENA M		07/16/2005	42.0	399.00	24.74	5.79	4.31	364.16	
	444444		07/31/2005	9.50						
	MCCLAIN, CONSTANCE		07/01/2005	33.0	313.50	19.44	4.55	3.39	286.12	
	555555		07/15/2005	9.50						
	MCCLAIN, CONSTANCE		07/16/2005	33.0	313.50	19.44	4.55	3.39	286.12	
	555555		07/31/2005	9.50						
	OVANDO, RENEE M		07/16/2005	5.0	47.50	2.95	0.69	0.51	43.35	
	666666		07/31/2005	9.50						
	OVANDO, RENEE M		07/01/2005	7.0	66.50	4.12	0.96	0.72	60.70	
	666666		07/15/2005	9.50						
	VIRONCHI, VIRGINIA		07/16/2005	19.0	180.50	11.19	2.62	1.95	164.74	
	777777		07/31/2005	9.50						
	VIRONCHI, VIRGINIA		07/01/2005	33.0	313.50	19.44	4.55	3.39	286.12	
	777777		07/15/2005	9.50						
SUBMITTED ---------				270.0	2565.00	159.05	37.21	27.71	2341.03	
NET DIFFERENCE ----				8.1-	519.65-	32.24-	7.55-	5.62-	474.24-	

11.15 Notice of Action Messages

11.151 Modified Boilerplate Messages

CONDITION	MESSAGE	PHASE
APPROVAL	YOUR APPLICATION FOR IN-HOME SERVICES DATED MM/DD/YYYY HAS BEEN APPROVED EFFECTIVE MM/DD/YYYY. YOU ARE AUTHORIZED TO RECEIVE SERVICES LISTED BELOW.	1
APPROVAL – ALL SERVICES TIME LIMITED	YOUR APPLICATION FOR IN-HOME SERVICES DATED MM/DD/YYYY HAS BEEN APPROVED EFFECTIVE THROUGH MM/DD/YYYY. *******Currently there is no code in CMIPS for this Boilerplate Message.*******	1
DENIAL	YOUR APPLICATION FOR IN-HOME SERVICES DATED MM/DD/YYYY HAS BEEN DENIED.	1
DISCONTINUANCE	YOUR ELIGIBILITY FOR IN-HOME SERVICES WILL BE DISCONTINUED EFFECTIVE MM/DD/YYYY.	1
LEAVE	YOUR IN-HOME SERVICES HAVE BEEN TEMPORARILY SUSPENDED EFFECTIVE MM/DD/YYYY.	1
PROVISIONAL APPROVAL	YOUR APPLICATION FOR IN-HOME SERVICES DATED MM/DD/YYYY HAS BEEN PROVISIONALLY APPROVED EFFECTIVE MM/DD/YYYY. YOU ARE AUTHORIZED TO RECEIVE SERVICES LISTED BELOW.	1
REASSESSMENT CHANGE	YOUR AUTHORIZATION FOR IN-HOME SERVICES HAS BEEN CHANGED EFFECTIVE MM/DD/YYYY.	1
REASSESSMENT NO CHANGE	UPON REASSESSMENT WE FIND THERE IS NO CHANGE FROM YOUR PREVIOUS AUTHORIZATION FOR IN-HOME SERVICES EFFECTIVE MM/DD/YYYY.	1

11.152 Modified NOA Messages

CODE	MODIFIED MESSAGE	TRIGGERS	PHASE

322	YOU ARE ELIGIBLE TO RECEIVE ONLY THE ABOVE SERVICES BECAUSE YOU ARE A MINOR CHILD LIVING WITH YOUR PARENT PROVIDER. MPP 30-763	• ACTION = C
		• STATUS = I or E
		• Spouse Parent Code = 21, 22 or 23
		  • And current (Auth to Purchase – Unmet Need) > 0
		  • And current (Auth to Purchase – unmet need) ≠ previous (Auth to Purchase – unmet need)
			1

331	YOU CAN NO LONGER GET AN ADVANCE PAYMENT TO PAY YOUR SERVICE PROVIDER. THIS IS BECAUSE YOU NO LONGER MEET THE CRITERIA OF 20 HOURS OR MORE PER WEEK OF STARRED (* AND **) SERVICES. MPP 30-769.731	• STATUS = E or I • Changes from SI TO NSI	**1**

CODE	MODIFIED MESSAGE	TRIGGERS	PHASE
376	YOUR IN-HOME SERVICE HOURS HAVE BEEN REDUCED. MPP 30-763	• ACTION = C • Previous STATUS = Current STATUS • And Current STATUS = I or E • Current Rate = Previous Rate • Current (Auth to Purchase) < Previous (Auth to Purchase) • And MEALS = Y and Current Weekly Hrs x 4.33 w/o meals ≠ Previous Weekly Hrs x 4.33 w/o meals or Current Monthly Hours ≠ Previous Monthly Hours ○ Or MEALS = N	**1**
377	ALL OF YOUR IN-HOME SERVICE NEEDS ARE MET BY ALTERNATIVE RESOURCES AVAILABLE TO YOU FOR ____, ____, ____. MPP 30-763.6	• STATUS = L, D or T • Alternate Resources > 0 • All Alternate Resources = Individual Assess Need	**1**
308	YOUR HOURS OF SERVICE ARE INCREASED BECAUSE YOU RECEIVE SERVICES IN THE PERSONAL CARE SERVICES PROGRAM. MPP 30-780, MPP 30-700; W&IC 14132.95(g)	• ACTION = C • STATUS = I or E • NSI • PCPS changes from N to Y • MODE = IP and CC or HM (Mixed Mode) – ***I think this was repealed with SS-00-02*** • Unmet Need > 0 **Needed Modification:** • ACTION = C • STATUS = I or E • NSI • ***MEDS Secondary Aid Code changes from 2N or 2L to 2M*** • Previous Unmet Need > 0	**2**

CODE	MODIFIED MESSAGE	TRIGGERS	PHASE
309	YOUR HOURS OF SERVICE ARE DECREASED BECAUSE YOU ARE NO LONGER ELIGIBLE FOR THE PERSONAL CARE SERVICES PROGRAM. THE IHSS MAXIMUM FOR THE NON-SEVERELY IMPAIRED IS 195 HOURS A MONTH. MPP 30-765; W&IC 12303.4	• ACTION = C • STATUS = I or E • PCSP from Y to N • Unmet Need > 0 **Needed Modification:** • ACTION = C • STATUS = I or E • ***MEDS Secondary Aid Code changes from 2M to 2L or 2N*** • NSI • Current Auth to Purchase Hours < Previous Auth to Purchase Hours • And current Auth to Purchase Hours = 195	**2**
354	THE CHANGE IN YOUR SHARE OF COST SHOWN ABOVE IS EFFECTIVE ##/##/##. PLEASE SEE THE ATTACHED FORM FOR INFORMATION SPECIFIC TO YOUR CASE. MPP 30-755.233	PLUG – ##/##/## = CURRENT SOC DATE • ACTION = C • Previous 293 STATUS≠R, D, or T or J (Old Judgment Status) • Aid Code = 18, 28 or 68 • STATUS = E or I • Current Countable Income ≠Prev Countable Income or • Current Benefit Lvl ≠Prev Benefit Lvl or • Current SOC Start Dt ≠Prev SOC Start Dt **Needed Modification:** • ACTION = C • Previous 293 STATUS≠R, D, or T Aid Code = 18, 28 or 68 • STATUS = E or I • Current Countable Income ≠Prev Countable Income or • Current Benefit Lvl ≠Prev Benefit Lvl or • Current SOC Start Dt ≠Prev SOC Start Dt or • Current SOC ≠Prev SOC	**2**

CODE	MODIFIED MESSAGE	TRIGGERS	PHASE
373	YOUR SHARE OF COST OF $ #####.## (K3) EXCEEDS THE ASSESSED IHSS-RESIDUAL COST OF ####.# (AA6) HOURS X $ ###.## (L1&L2) PER HOUR WHICH EQUALS $ #####.##. W&IC 12304.5, MPP 30-753(b)(2), MPP 30-764.12 and MPP 30-775	• ACTION = C • Current STATUS = D, L or T • Current AID CODE = 18, 28 or 68 • GROSS AMT and IHSS SOC > 0 • GROSS ≤ SOC • MEALS = N **Needed Modification:** • ACTION = C • ***MEDS Secondary Aid Code = 2N*** • Current STATUS = D, L or T • Current AID CODE = 18, 28 or 68 • GROSS AMT and IHSS SOC > 0 • GROSS ≤ SOC • MEALS = N	**2**
379	YOUR SHARE OF COST OF $ ####.## (K3) EXCEEDS THE ASSESSED IHSS-RESIDUAL COST OF ####.# HOURS X $###.## PER HOUR PLUS THE RESTAURANT MEAL ALLOWANCE OF $ ### WHICH EQUALS $ #####.##. W&IC 12304.5, MPP 30-753(b)(2), MPP 30-764.12, MPP 30-755 and MPP 30-757.134	• Action = C • STATUS changes from I or E to D, L or T • Aid Code = 18, 28 or 68 • SOC and GROSS > 0 • GROSS ≤ SOC • MEALS = Y **Needed Modification:** • Action = C • STATUS changes from I or E to D, L or T • Aid Code = 18, 28 or 68 • ***MEDS Secondary Aid Code = 2N*** • SOC and GROSS > 0 • GROSS ≤ SOC • MEALS = Y	**2**
386	THE STATUTORY MAXIMUM NUMBER OF HOURS OF ###.## DECREASES THE NUMBER OF YOUR AUTHORIZED HOURS TO ###.##. THEREFORE, YOU HAVE AN UNMET NEED OF ###.## SERVICE HOURS. W&IC 12303.4		**2**

CODE	MODIFIED MESSAGE	TRIGGERS	PHASE
387	THE STATUTORY MAXIMUM NUMBER OF IN-HOME SERVICE HOURS IS ###.##. THEREFORE, YOU HAVE AN UNMET NEED OF ###.## SERVICE HOURS. W&IC 12303.4	• Action = C • STATUS = I or E Plugs • If NSI (195.00) and unmet need > 0 • If SI (283.00) and unmet need > 0 **Needed Modification:** • Action = C • STATUS = I or E • If unmet need > 0 • ***MEDS Secondary Aid Code = 2M*** • If NSI (283.00) • If SI (283.00) • ***MEDS Secondary Aid Code = 2L or 2N*** • If NSI (195.00) • If SI (283.00)	**2**

CODE	MODIFIED MESSAGE	CONDITIONS?	PHASE
408	YOUR REQUEST FOR SERVICES WAS ERRONEOUSLY DENIED AND IN-HOME SERVICES HAVE BEEN APPROVED. (No new application date is required.) MPP 30-755.1	**Status:** changes from D to I or E **Boilerplate Message**: Approval or Approval – All Time Limited Services	**1**
415	YOUR APPLICATION FOR DIRECT DEPOSIT BY ELECTRONIC FUNDS TRANSFER HAS BEEN DENIED BECAUSE YOU HAVE NOT BEEN A RECIPIENT OF IHSS FOR AT LEAST ONE YEAR AND/OR YOU ARE NOT ELIGIBLE FOR ADVANCE PAY. W&IC 12304.3	**Status** = E	**1**
422	YOU ARE RESIDING IN THE HOME OF RELATIVES AND RECEIVING A BOARD AND CARE PAYMENT. MPP 30-701 and MPP 46-140.11(b)	**Status** = E or I **Boilerplate Message**: Approval, Provisional Approval, Reassessment Change, Reassessment No Change	**1**

CODE	MODIFIED MESSAGE	CONDITIONS?	PHASE
462	YOU HAVE BEEN AUTHORIZED ADDITIONAL IN-HOME SERVICES AND YOU HAVE CONDITIONALLY WITHDRAWN A REQUEST FOR STATE HEARING. MPP 22-054	**Status** = E **Boilerplate Message**: Approval, Reassessment Change	**1**
470	YOU ARE TEMPORARILY INELIGIBLE FOR IN-HOME SERVICES BECAUSE YOU ARE HOSPITALIZED. MPP 30-701	**Status** = L **Boilerplate Message**: Leave	**1**
471	YOU ARE TEMPORARILY INELIGIBLE FOR IN-HOME SERVICES BECAUSE YOU ARE STAYING IN A SKILLED NURSING FACILITY. MPP 30-701	**Status** = L **Boilerplate Message**: Leave	**1**
472	YOU ARE TEMPORARILY INELIGIBLE FOR IN-HOME SERVICES BECAUSE YOU ARE STAYING IN AN INTERMEDIATE CARE FACILITY. MPP30-701	**Status** = L **Boilerplate Message**: Leave	**1**
473	YOU ARE TEMPORARILY INELIGIBLE FOR IN-HOME SERVICES BECAUSE YOU ARE STAYING IN A COMMUNITY CARE FACILITY. MPP 30-701	**Status** = L **Boilerplate Message**: Leave	**1**
474	YOU ARE TEMPORARILY SUSPENDED FROM RECEIVING CALIFORNIA PAID IN-HOME SERVICES BECAUSE YOU HAVE BEEN ABSENT FROM THE STATE FOR A PERIOD EXCEEDING SIX MONTHS. IN-HOME SERVICES SHALL NOT BE RESUMED UNTIL YOU HAVE RETURNED TO CALIFORNIA AND A REASSESSMENT OF NEED HAS BEEN COMPLETED. MPP 30-770.45	**Status** = T **Boilerplate Message**: Discontinuance	**1**
521	YOU ARE NO LONGER ELIGIBLE FOR AN IN-HOME SERVICE RESTAURANT MEAL ALLOWANCE BECAUSE YOU ARE ELIGIBLE TO RECEIVE THAT ALLOWANCE FROM THE SOCIAL SECURITY ADMINISTRATION. MPP 30-757.134	**Status** = E or I **Boilerplate Message**: Reassessment Change	**1**
540	AS A RESULT OF REASSESSMENT OF YOUR NEED FOR IN-HOME SERVICES OF LAUNDRY, FOOD SHOPPING, AND OTHER SHOPPING/ERRANDS, THE CHANGES SHOWN ABOVE HAVE BEEN MADE IN YOUR AUTHORIZATION FOR IN-HOME SERVICES IN ACCORDANCE WITH STATEWIDE STANDARDS. MPP 30-758	**Status** = E or I **Boilerplate Message**: Reassessment Change	**1**
554	PLEASE CONTACT YOUR COUNTY SOCIAL WORKER WHEN YOU SELECT AN INDIVIDUAL PROVIDER. MPP 30-767.1	**Status** = E or I **Boilerplate Message**: Approval, Approval – All Time Limited Services, Provisional Approval, Reassessment Change, Reassessment No Change	**1**

CODE	MODIFIED MESSAGE	CONDITIONS?	PHASE
586	WE WILL CONTINUE TO AUTHORIZE SERVICES AS YOUR ELIGIBILITY FOR IN-HOME SERVICES HAS BEEN TRANSFERRED FROM THE COUNTY OF _____ EFFECTIVE _____. W&IC 11102	**Status** = E or I	**1**
444	TO THE ESTATE OF ########################## (B1): WE HAVE BEEN NOTIFIED OF THE DEATH OF ########## (B2) # (B3) ################## (B1). MPP 30-763.1	**Status** = T **Boilerplate Message**: Discontinuance	**2**
477	YOU ARE TEMPORARILY INELIGIBLE FOR IHSS-RESIDUAL BECAUSE YOUR SOC EXCEEDS ASSESSED NEEDS FOR IHSS. W&IC 12304.5	Status = T Secondary Aid Code = 2N SOC must be > 0	**2**
532	PAY YOUR SHARE OF COST FOR IHSS-RESIDUAL TO YOUR INDIVIDUAL PROVIDER. MPP 30-755.233	Status = E or I Secondary Aid Code 2N	**3**
534	PAY YOUR SHARE OF COST FOR IHSS-RESIDUAL TO THE AGENCY WHO PROVIDES YOUR SERVICES. MPP 30-755.233	Status = E or I Secondary Aid Code 2N	**3**
535	YOU ARE NOT ELIGIBLE TO RECEIVE IHSS-RESIDUAL BECAUSE YOU HAVE NOT PAID YOUR OBLIGATED SHARE OF COST FOR IN-HOME SERVICES. MPP Section 30-755.233(a)	Status = T	**3**
539	YOU ARE NOT ELIGIBLE TO RECEIVE IHSS-RESIDUAL BECAUSE YOU STATED YOU WILL NOT PAY YOUR SHARE OF COST FOR IN-HOME SERVICES. MPP Section 30-755.233(d)	Status = T	**3**

11.153 New NOA Messages

CODE	*NEW NOA MESSAGE*	BEFORE CONDITION	AFTER CONDITION	NOA PLUG	PHASE
409	YOU HAVE ELECTED TO DISCONTINUE YOUR PARTICIPATION IN THE IN-HOME SERVICE WAIVER PLUS PROGRAM.	STATUS = I, E or L	STATUS = T	None	**1**
445	THE IN-HOME SUPPORTIVE SERVICES PROGRAM HAS BEEN NOTIFIED THAT YOU ARE NOT ELIGIBLE FOR FEDERALLY-FUNDED MEDI-CAL.	STATUS = R, I, E or L	STATUS = T or D	None	**1**

CODE	*NEW NOA MESSAGE*	BEFORE CONDITION	AFTER CONDITION	NOA PLUG	PHASE
310	EFFECTIVE MMDDYYYY YOUR ELIGIBILITY HAS BEEN TRANSFERRED FROM THE IHSS PLUS WAIVER PROGRAM TO PERSONAL CARE SERVICES PROGRAM. YOU MAY BE ELIGIBLE TO RECEIVE ADDITIONAL HOURS OF SERVICE PER MONTH DEPENDING UPON YOUR ASSESSED NEED.	STATUS = I, E or L MEDS Secondary Aid Code = 2L	STATUS = I, E or L MEDS Secondary Aid Code = 2M	MEDS Aid Code Effective Date	**2**
311	EFFECTIVE MMDDYYYY YOUR ELIGIBILITY HAS BEEN TRANSFERRED FROM THE IHSS PLUS WAIVER PROGRAM TO THE IHSS-RESIDUAL PROGRAM.	STATUS = I, E or L MEDS Secondary Aid Code = 2L	STATUS = I, E or L MEDS Secondary Aid Code = 2N	MEDS Aid Code Effective Date	**2**
312	EFFECTIVE MMDDYYYY, YOUR ELIGIBILITY HAS BEEN TRANSFERRED FROM THE PERSONAL CARE SERVICES PROGRAM TO IHSS PLUS WAIVER PROGRAM.	STATUS = I, E or L MEDS Secondary Aid Code = 2M	STATUS = I, E or L MEDS Secondary Aid Code = 2L	MEDS Aid Code Effective Date	**2**
313	EFFECTIVE MMDDYYYY YOUR ELIGIBILITY HAS BEEN TRANSFERRED FROM THE PERSONAL CARE SERVICES PROGRAM TO THE IHSS-RESIDUAL PROGRAM.	STATUS = I, E or L MEDS Secondary Aid Code = 2M	STATUS = I, E or L MEDS Secondary Aid Code = 2N	MEDS Aid Code Effective Date	**2**
314	EFFECTIVE MMDDYYYY YOUR ELIGIBILITY HAS BEEN TRANSFERRED FROM THE IHSS RESIDUAL PROGRAM TO IN-HOME SERVICES PLUS WAIVER PROGRAM.	STATUS = I, E or L MEDS Secondary Aid Code = 2N	STATUS = I, E or L MEDS Secondary Aid Code = 2L	MEDS Aid Code Effective Date	**2**
315	EFFECTIVE MMDDYYYY YOUR ELIGIBILITY HAS BEEN TRANSFERRED FROM THE IHSS RESIDUAL PROGRAM TO PERSONAL CARE SERVICES PROGRAM. YOU MAY BE ELIGIBLE TO RECEIVE ADDITIONAL HOURS OF SERVICE PER MONTH DEPENDING ON YOUR ASSESSED NEED.	STATUS = I, E or L MEDS Secondary Aid Code = 2N	STATUS = I, E or L MEDS Secondary Aid Code = 2M	MEDS Aid Code Effective Date	**2**
316	EFFECTIVE MMDDYYYY YOU HAVE BEEN APPROVED TO PARTICIPATE IN THE IHSS PLUS WAIVER PROGRAM BECAUSE YOU RECEIVE ADVANCE PAY OR RESTAURANT MEAL ALLOWANCE, OR YOU RECEIVE SERVICES FROM YOUR SPOUSE OR YOU ARE UNDER THE AGE OF 18 AND RECEIVE SERVICES FROM A PARENT.	STATUS = R, T or D	STATUS = I or E MEDS Secondary Aid Code = 2L	MEDS Aid Code Effective Date or Case Effective Date whichever is greater	**2**

CODE	*NEW NOA MESSAGE*	BEFORE CONDITION	AFTER CONDITION	NOA PLUG	PHASE
317	EFFECTIVE MMDDYYYY YOU HAVE BEEN APPROVED TO PARTICIPATE IN THE PERSONAL CARE SERVICES PROGRAM. YOU MAY BE ELIGIBLE TO RECEIVE ADDITIONAL HOURS OF SERVICE PER MONTH DEPENDING ON YOUR ASSESSED NEED.	STATUS = R, T or D	STATUS = I or E MEDS Secondary Aid Code = 2M	MEDS Aid Code Effective Date or Case Effective Date whichever is greater	**2**
318	EFFECTIVE MMDDYYYY YOU HAVE BEEN APPROVED TO PARTICIPATE IN THE IHSS-RESIDUAL PROGRAM.	STATUS = R, T or D	STATUS = I or E MEDS Secondary Aid Code = 2N	Case Effective Date	**2**
319	EFFECTIVE MMDDYYYY, YOU HAVE BEEN PROVISIONALLY APPROVED FOR THE IHSS-RESIDUAL PROGRAM PENDING YOUR MEDI-CAL ELIGIBILITY DETERMINATION. IF THE MEDI-CAL ELIGIBILITY DETERMINATION INDICATES YOU ARE ELIGIBLE FOR OTHER PROGRAMS YOU WILL RECEIVE AN ADDITIONAL NOTICE OF ACTION.	STATUS = Blank, R, T or D MEDS Secondary Aid Code	STATUS = I or E No MEDS Secondary Aid Code for eligibility segment	Case Effective Date	**2**
345	YOUR SHARE OF COST IS $####.##. PLEASE SEE ATTACHED FORM FOR INFORMATION SPECIFIC TO YOUR CASE.	STATUS = Blank, R, T or D Or MEDS SOC $\leq$ IHSS SOC Or MEDS Secondary Aid Code = 2N	STATUS = I or E MEDS SOC > IHSS SOC MEDS Secondary Aid Code = 2L or 2M	Next Buy-Out Date or MEDS Aid Code Effective Date, whichever is later	**2**

11.154 NOA Messages to be Discontinued – These NOA Messages will be removed from the CMIPS User's Manual

CODE	MESSAGE	PHASE
346	Effective mmddyyyy, the California Department of Social Services will pay your Medi-Cal recognized expenses to reduce your Medi-Cal share of cost obligation to the amount of your IHSS soc.	
350	You are entitled to receive a no share of cost Medi-Cal card. MPP 30-755.3	**1**
351	You have a share of cost for IHSS. If you pay your IHSS share of cost, you are entitled to receive a no share of cost Medi-Cal card. MPP 30-755.3	**1**
378	You are no longer eligible for a Medi-Cal card based on your IHSS eligibility. Contact our Medi-Cal unit who will determine if you are eligible for Medi-Cal only. MPP 30-755.3 and CCR 50201	**1**
380	An increase in service provider cost increases your authorized IHSS cost beyond the state payment maximum of $ ####.##. Therefore, you have an unmet need of ###.## service hours. W&IC 12303.4	**1**
381	The cost of your IHSS authorized hours exceeds the state payment maximum of $ ####.##. Therefore, you have an unmet need of ###.## *(aa7)* service hours. MPP 30-765	**1**
382	Your unmet need for IHSS is decreased because the state payment maximum has been increased to $ ####.##. Your unmet need is now ###.## service hours. MPP 30-765	**1**
383	You no longer have an unmet need for IHSS because the increased state payment maximum of $ ####.## will cover the cost of your authorized need for service. MPP 30-765	**1**
560	Because of a change in law that required your services to shift from IHSS to PCSP on April 1, 1999, you are receiving $_____. This is the difference between your PCSP Medi-Cal share of cost and your former IHSS share of cost. Receipt of this payment could affect your or your family members, continued Medi-Cal eligibility. You should immediately contact your Medi-Cal eligibility worker to see if it does.	**1**
595	You are no longer eligible for the Personal Care Services Program (PCSP) because you are no longer considered a categorically needy Medi-Cal beneficiary. However, you may be eligible for services under the IHSS program. CCR 51350	**1**
597	You are no longer eligible for the Personal Care Services Program (PCSP) because you are no longer authorized to receive any personal care services (non-medical personal, or paramedical services). However, you may be eligible for services under the IHSS program. CCR 51350	**1**
355	The share of cost indicated above is the Medi-Cal share of cost calculated by your Medi-Cal Eligibility Worker. Please refer to your Medi-Cal Notice of Action for the share of cost calculation and other information.	**2**
392	Effective MMDDYYYY, you are eligible for the Personal Care Services Program which may allow up to a maximum of 283 hours per month. If you become ineligible for the Personal Care Services Program in the future, your service hours may be reduced. MPP 30-780, MPP 30-700, W&IC 12303.4 and W&IC 14132.95(g)	**2**
529	You are not eligible for the Medi-Cal Aged & Disabled Federal Poverty Level (A&D FPL) Program of W&I Code 14005.40 at this time because you do not meet the following A&D FPL eligibility requirement(s): _____. You will receive a second NOA shortly letting you know your new monthly Medi-Cal Share-of-Cost. Contact your County Social Worker if you have any questions.	**3**

CODE	MESSAGE	PHASE
530	You have been approved for the Medi-Cal Aged & Disabled Federal Poverty Level (A&D FPL) Program because you currently meet all eligibility requirements of W&I Code 14005.40. Disregard the Share-of-Cost amount on the top of this form. Your Medi-Cal Share-of-Cost payment for PCSP Services has been reduced to zero ($0.00) effective _____. You County Social Worker can provide you with additional information. Notify your County Social Worker when your provider, services or eligibility status changes.	**3**
531	Effective _____, you must pay your IHSS/PCSP provider the Share-of-Cost calculated at the top of this form in accordance with W&I Code 14005.70. Your eligibility for the Medi-Cal Aged & Disabled Federal Poverty Level (A&D FPL) Program of W&I Code 14005.40 will stop because you do not meet the following A&D FPL eligibility requirement(s): _____. Verify your income amounts and contact your county social worker within 10 days if you have any questions.	**3**
533	Pay your share of cost for IHSS-Residual to the County Welfare Department.	**3**
536	Pay $_____share of cost to your Individual Provider and pay $_____share of cost to the county social services department. MPP Section 30-755.233(b)(2)	**3**
537	Pay $_____share of cost to your contract provider and pay $_____share of cost to your county social services department. MPP Section 30-755.233(b)(2)	**3**
538	Pay $_____share of cost to your Individual Provider and pay $_____share of cost to your contract provider. MPP Section 30-755.233(b)(2)	**3**
541	Effective _____ you will no longer have an IHSS/PCSP share-of-cost. You have been approved for the Medi-Cal 250% Working Disabled Program because you currently meet all eligibility requirements of W&I Code 14007.9. You receive your supportive services under the Personal Care Service Program (PCSP) W&I Code 12300(f) and 14132.95. PCSP is a Medi-Cal benefit. This means that your share-of-cost for PCSP is zero ($0.00). You must maintain your eligibility for the Medi-Cal 250% Working Disabled Program in order to receive zero share-of-cost. You must notify your county social worker when your provider, PCSP service needs, or 250% Working Disabled Program eligibility status changes.	**3**
542	Effective _____ you must pay your IHSS/PCSP share-of-cost calculated at the top of this form in accordance with W&I Code 14005.7 or 12304.5. You have been determined ineligible for the 250% Working Disabled Program W&I Code 14007.9. To continue to receive supportive services you must pay your IHSS/PCSP share-of-cost.	**3**